

CERTIFICATION 3

CARRIER CERTIFICATIONS

Accuracy of CAF ICC Data

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: OXFORD WEST TEL CO					
Signature of Authorized Officer: Jennifer Wilson				<small>Digitally signed by Jennifer Wilson DN:cn=Jennifer Wilson,email=jwilson@oxfordnetworks.com,O=oxford west tel co,l= , Date:9/25/2012</small> Date: 9/25/2012	
Printed name of Authorized Officer: Jennifer Wilson					
Title or position of Authorized Officer: Controller					
Telephone number of Authorized Officer: 207-333-3406					
Study Area Code of Reporting Carrier	100002		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: LINCOLNVILLE NETWRKS					
Signature of Authorized Officer: Shirley Manning				<small>Digitally signed by Shirley Manning DN:cn=Shirley Manning,email=shirleym@lintelco.net,O=lincolnvillenetwrks, = , Date:9/25/2012</small> Date: 9/25/2012	
Printed name of Authorized Officer: Shirley Manning					
Title or position of Authorized Officer: President					
Telephone number of Authorized Officer: 207-563-9941					
Study Area Code of Reporting Carrier	100003		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: OXFORD COUNTY TEL					
Signature of Authorized Officer: Jennifer Wilson				<small>Digitally signed by Jennifer Wilson DN:cn=Jennifer Wilson,email=jwilson@oxfordnetworks.com,O=oxford county tel,l= , Date:9/25/2012</small> Date: 9/25/2012	
Printed name of Authorized Officer: Jennifer Wilson					
Title or position of Authorized Officer: Controller					
Telephone number of Authorized Officer: 207-333-3406					
Study Area Code of Reporting Carrier	100019		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: PINE TREE TEL LLC</p>					
<p>Signature of Authorized Officer: Dennis Andrews</p>				<p>Digitally signed by Dennis Andrews DN:cn=Dennis Andrews,email=dennis@otelcotel.com,O=pine tree tel llc,lc= , Date:9/26/2012</p> <p>Date: 9/26/2012</p>	
<p>Printed name of Authorized Officer: Dennis Andrews</p>					
<p>Title or position of Authorized Officer: Sr Vice President</p>					
<p>Telephone number of Authorized Officer: 256-586-1420</p>					
Study Area Code of Reporting Carrier	100020		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: SACO RIVER TEL LLC</p>					
<p>Signature of Authorized Officer: Dennis Andrews</p>				<p>Digitally signed by Dennis Andrews DN:cn=Dennis Andrews,email=dennis@otelcotel.com,O=saco river tel llc,lc= , Date:9/26/2012</p> <p>Date: 9/26/2012</p>	
<p>Printed name of Authorized Officer: Dennis Andrews</p>					
<p>Title or position of Authorized Officer: Sr Vice President</p>					
<p>Telephone number of Authorized Officer: 256-586-1420</p>					
Study Area Code of Reporting Carrier	100022		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported, and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier Union River Telephone Company			
Signature of Authorized Officer <i>William S. Sisby, Jr.</i>			Date 09/26/2012
Printed name of Authorized Officer William S. Sisby, Jr.			
Title or position of Authorized Officer Vice President/General Manager			
Telephone number of Authorized Officer: (207) 584-9911 ext. 1			
Study Area Code of Reporting Carrier	100027	Filing Due Date for this form (mm/dd/yyyy)	10/4/2012

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Carrier Cert

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: UNITEL, INC.</p>					
<p>Signature of Authorized Officer: Laurie Osgood</p>				<p>Digitally signed by Laurie Osgood DN:cn=Laurie Osgood,email=losgood@uninets.net,O=unitel, inc.,I=Unity ME 04988-0165, Date:9/27/2012</p>	
<p>Date: 9/27/2012</p>					
<p>Printed name of Authorized Officer: Laurie Osgood</p>					
<p>Title or position of Authorized Officer: CEO/President</p>					
<p>Telephone number of Authorized Officer: 207-948-9952</p>					
Study Area Code of Reporting Carrier	100029		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: MID-MAINE TELECOM</p>					
<p>Signature of Authorized Officer: Dennis Andrews</p>				<p>Digitally signed by Dennis Andrews DN:cn=Dennis Andrews,email=dennis@otelcotel.com,O=mid-maine telecom,lc= , Date:9/26/2012</p>	
<p>Date: 9/26/2012</p>					
<p>Printed name of Authorized Officer: Dennis Andrews</p>					
<p>Title or position of Authorized Officer: Sr Vice President</p>					
<p>Telephone number of Authorized Officer: 256-586-1420</p>					
Study Area Code of Reporting Carrier	103315		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: GRANBY TEL LLC</p>					
<p>Signature of Authorized Officer: Dennis Andrews</p>				<p>Digitally signed by Dennis Andrews DN:cn=Dennis Andrews,email=dennis@otelcotel.com,O=granby tel llc, Date:9/26/2012</p>	
<p>Date: 9/26/2012</p>					
<p>Printed name of Authorized Officer: Dennis Andrews</p>					
<p>Title or position of Authorized Officer: Sr Vice President</p>					
<p>Telephone number of Authorized Officer: 256-586-1420</p>					
Study Area Code of Reporting Carrier	110036		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier, my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.


Name of Reporting Carrier	Richard Telephus Company		
Signature of Authorized Officer	REC J. T.	Date	9-25-12
Printed name of Authorized Officer	Richard W. Drake, Jr.		
Title or position of Authorized Officer	VP of Finance		
Telephone number of Authorized Officer:	(561) 28-0336	ext.	
Study Area Code of Reporting Carrier	110037	Filing Due Date for this form (mm/dd/yyyy)	10/4/2012

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier				Bretton Woods Telephone Company, Inc.	
Signature of Authorized Officer					
Printed name of Authorized Officer				Art Nicholson	
Title or position of Authorized Officer				V.P. Operations	
Telephone number of Authorized Officer:				(603) 278-9911 ext.	
Study Area Code of Reporting Carrier		120038	Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	Date
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: GRANITE STATE TEL					
Signature of Authorized Officer: Susan King				<small>Digitally signed by Susan King DN:cn=Susan King,email=srand@gstnetworks.com,O=granite state tel,l=Weare NH 03281, Date:9/27/2012</small> Date: 9/27/2012	
Printed name of Authorized Officer: Susan King					
Title or position of Authorized Officer: President					
Telephone number of Authorized Officer: 603-529-9941					
Study Area Code of Reporting Carrier	120039		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: DIXVILLE TEL CO					
Signature of Authorized Officer: Ann Walsh				Digitally signed by Ann Walsh DN:cn=Ann Walsh,email=awalsh@tillotsoncorp.com,O=dixville tel co,l= , Date:9/25/2012	
Date: 9/25/2012					
Printed name of Authorized Officer: Ann Walsh					
Title or position of Authorized Officer: Assistant Secretary					
Telephone number of Authorized Officer: 781-402-1731					
Study Area Code of Reporting Carrier	120042		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: DUNBARTON TEL CO</p>					
<p>Signature of Authorized Officer: David Montgomery</p>				<p>Digitally signed by David Montgomery DN:cn=David Montgomery,email=duntelco@gsinet.net,O=dunbarton tel co,l= , Date:9/26/2012</p> <p>Date: 9/26/2012</p>	
<p>Printed name of Authorized Officer: David Montgomery</p>					
<p>Title or position of Authorized Officer: President</p>					
<p>Telephone number of Authorized Officer: 603-774-9911</p>					
Study Area Code of Reporting Carrier	120043		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: FRANKLIN TEL CO - VT</p>					
<p>Signature of Authorized Officer: Kimberly Gates Maynard</p>				<p>Digitally signed by Kimberly Gates Maynard DN: cn=Kimberly Gates Maynard, email=ftc@franklinvt.net, O=franklin tel co - vt, l=Franklin VT 05457, Date: 9/27/2012</p>	
<p>Printed name of Authorized Officer: Kimberly Gates Maynard</p>					
<p>Title or position of Authorized Officer: Treasurer</p>					
<p>Telephone number of Authorized Officer: 802-285-9911</p>					
Study Area Code of Reporting Carrier	140053		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: SHOREHAM TEL.</p>					
<p>Signature of Authorized Officer: Dennis Andrews</p>				<p>Digitally signed by Dennis Andrews DN:cn=Dennis Andrews,email=dennis@otelcotel.com,O=shoreham tel.,l=, Date:9/26/2012</p>	
<p>Date: 9/26/2012</p>					
<p>Printed name of Authorized Officer: Dennis Andrews</p>					
<p>Title or position of Authorized Officer: Sr Vice President</p>					
<p>Telephone number of Authorized Officer: 256-586-1420</p>					
Study Area Code of Reporting Carrier	140064		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported, and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier	TOPSHAM TELEPHONE COMPANY, INC.		
Signature of Authorized Officer	<i>Donna M. Oswald</i>		Date 09/26/2011
Printed name of Authorized Officer	DONNA M. OSWALD		
Title or position of Authorized Officer	CHAIRMAN OF THE BOARD		
Telephone number of Authorized Officer	(305) 324-5916		
State Area Code of Reporting Carrier	1100	65	Filing Date Date for this form (mm/dd/yyyy) 10/4/2012

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Carrier Cert.

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: WAITSFIELD/FAYSTON</p>					
<p>Signature of Authorized Officer: Roger Nishi</p>				<p>Digitally signed by Roger Nishi DN:cn=Roger Nishi,email=nnishi@wcvr.com,O=waitsfield/fayston,I=Waitsfield VT 05673, Date:9/27/2012</p>	
<p>Date: 9/27/2012</p>					
<p>Printed name of Authorized Officer: Roger Nishi</p>					
<p>Title or position of Authorized Officer: Vice President - Industry Relations</p>					
<p>Telephone number of Authorized Officer: 802-496-8336</p>					
Study Area Code of Reporting Carrier	140069		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					


TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: VERMONT TEL. CO-VT</p>					
<p>Signature of Authorized Officer: Fran Stocker</p>				<p>Digitally signed by Fran Stocker DN:cn=Fran Stocker,email=fstocker@vermontel.com,O=vermont tel. co-vt,l= , Date:9/27/2012</p>	
<p>Date: 9/27/2012</p>					
<p>Printed name of Authorized Officer: Fran Stocker</p>					
<p>Title or position of Authorized Officer: Vice President of Finance</p>					
<p>Telephone number of Authorized Officer: 802-885-7745</p>					
Study Area Code of Reporting Carrier	147332		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier			Armstrong Telephone Company - NEW YORK		
Signature of Authorized Officer					
Printed name of Authorized Officer			James W. Ranko		
Title or position of Authorized Officer			Controller		
Telephone number of Authorized Officer			(724) 283-0925 ext.		
Study Area Code of Reporting Carrier			150071		
			Filing Due Date for this form (mm/dd/yyyy)		
			10/4/2012		
			Date 09/27/12		

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: CASSADAGA TEL CORP</p>					
<p>Signature of Authorized Officer: Bruce Clark</p>				<p>Digitally signed by Bruce Clark DN:cn=Bruce Clark,email=brucecl@dfel.com,O=cassadaga tel corp,l=Fredonia NY 14063-0209, Date:9/26/2012</p>	
<p>Date: 9/26/2012</p>					
<p>Printed name of Authorized Officer: Bruce Clark</p>					
<p>Title or position of Authorized Officer: Vice President of Finance</p>					
<p>Telephone number of Authorized Officer: 716-673-3083</p>					
Study Area Code of Reporting Carrier	150076		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: CHAMPLAIN TEL CO</p>					
<p>Signature of Authorized Officer: Mark Webster</p>				<p>Digitally signed by Mark Webster DN:cn=Mark Webster,email=mwebster@champlaintelephone.com,O=champlain tel co,l=Champlain NY 12919, Date:9/24/2012</p>	
<p>Date: 9/24/2012</p>					
<p>Printed name of Authorized Officer: Mark Webster</p>					
<p>Title or position of Authorized Officer: Controller</p>					
<p>Telephone number of Authorized Officer: 518-298-2480</p>					
Study Area Code of Reporting Carrier	150077		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					


TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: CHAUTAUQUA & ERIE					
Signature of Authorized Officer: Michael Skrivan				<small>Digitally signed by Michael Skrivan DN:cn=Michael Skrivan,email=mskrivan@fairpoint.com,O=chautauqua & erie,l= , Date:9/28/2012</small> Date: 9/28/2012	
Printed name of Authorized Officer: Michael Skrivan					
Title or position of Authorized Officer: Vice-President Regulatory					
Telephone number of Authorized Officer: 207-535-4150					
Study Area Code of Reporting Carrier	150078		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier				CHAZY AND WESTPORT TELEPHONE CORPORATION	
Signature of Authorized Officer					Date
Printed name of Authorized Officer			JAMES P. FORCIER		9/27/2012
Title or position of Authorized Officer			PRESIDENT		
Telephone number of Authorized Officer			(518) 962-8211 ext.		
Study Area Code of Reporting Carrier	150079	Filing Due Date for this form (mm/dd/yyyy)	10/4/2012		

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier, my responsibilities include ensuring the accuracy of the actual data reported, and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier	CITILENS TELEPHONE COMPANY OF HAMMOND, IN, INC.		
Signature of Authorized Officer	<i>Donald H. Gendall</i>		Date 09/26/2012
Printed name of Authorized Officer	DONALD H. GENDALL, SR.		
Title or position of Authorized Officer	CHAIRMAN OF THE BOARD		
Telephone number of Authorized Officer	(317) 384-5911, ext.		
Study Area Code of Reporting Carrier	15 0081	Filing Date Date for this form (mm/dd/yyyy)	10/4/2012

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: CROWN POINT TEL CORP					
Signature of Authorized Officer: Shana Knapp Macey				Digitally signed by Shana Knapp Macey DN:cn=Shana Knapp Macey,email=shana.macey@cptelco.net,O=crown point tel corp,lc=Crown Point NY 12928, Date:9/25/2012	
Date: 9/25/2012					
Printed name of Authorized Officer: Shana Knapp Macey					
Title or position of Authorized Officer: President					
Telephone number of Authorized Officer: 518-597-3300					
Study Area Code of Reporting Carrier	150085		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: DELHI TEL CO</p>					
<p>Signature of Authorized Officer: Douglas Edwards</p>				<p>Digitally signed by Douglas Edwards DN:cn=Douglas Edwards,email=doug@delhitel.com,O=delhi tel co,l=Delhi NY 13753-0271, Date:9/26/2012</p> <p>Date: 9/26/2012</p>	
<p>Printed name of Authorized Officer: Douglas Edwards</p>					
<p>Title or position of Authorized Officer: Treasurer</p>					
<p>Telephone number of Authorized Officer: 607-746-1529</p>					
Study Area Code of Reporting Carrier	150088		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: DUNKIRK & FREDONIA</p>					
<p>Signature of Authorized Officer: Bruce Clark</p>				<p>Digitally signed by Bruce Clark DN:cn=Bruce Clark,email=brucecl@dfel.com,O=dunkirk & fredonia,l=Fredonia NY 14063-0209, Date:9/26/2012</p>	
<p>Date: 9/26/2012</p>					
<p>Printed name of Authorized Officer: Bruce Clark</p>					
<p>Title or position of Authorized Officer: Vice President of Finance</p>					
<p>Telephone number of Authorized Officer: 716-673-3083</p>					
Study Area Code of Reporting Carrier	150091		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					


TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: EMPIRE TEL CORP</p>					
<p>Signature of Authorized Officer: Tom Prestigiacomio</p>				<p>Digitally signed by Tom Prestigiacomio DN:cn=Tom Prestigiacomio,email=tpresti@etcnpt.com,O=empire tel corp,l=Prattsburgh NY 14873, Date:9/24/2012</p>	
<p>Date: 9/24/2012</p>					
<p>Printed name of Authorized Officer: Tom Prestigiacomio</p>					
<p>Title or position of Authorized Officer: CFO</p>					
<p>Telephone number of Authorized Officer: 607-522-4237</p>					
Study Area Code of Reporting Carrier	150093		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier, my responsibilities include ensuring the accuracy of the actual data reported, and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier	Fishers Island Telephone Co.			Date	9-25-12
Signature of Authorized Officer					
Printed name of Authorized Officer	Robert Wall				
Title or position of Authorized Officer	President				
Telephone number of Authorized Officer	(631) 788-7001	ext			
Study Area Code of Reporting Carrier	150095		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Carrier Cert

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: GERMANTOWN TEL CO</p>					
<p>Signature of Authorized Officer: Bruce Bohnsack</p>				<p>Digitally signed by Bruce Bohnsack DN:cn=Bruce Bohnsack,email=bruceb@gtel.net,O=germantown tel co,l=Germantown NY 12526, Date:9/26/2012</p>	
<p>Date: 9/26/2012</p>					
<p>Printed name of Authorized Officer: Bruce Bohnsack</p>					
<p>Title or position of Authorized Officer: President and CEO</p>					
<p>Telephone number of Authorized Officer: 518-537-4835</p>					
Study Area Code of Reporting Carrier	150097		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier				Hancock Telephone Company	
Signature of Authorized Officer			<i>Robert C. Wrighter Sr.</i>		Date 09/26/2012
Printed name of Authorized Officer Robert C. Wrighter, Sr.					
Title or position of Authorized Officer President					
Telephone number of Authorized Officer: (607) 637-9911 ext.					
Study Area Code of Reporting Carrier	150099		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(a), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: MARGARETVILLE TEL CO					
Signature of Authorized Officer: Glen Faulkner				<small>Digitally signed by Glen Faulkner DN:cn=Glen Faulkner,email=mtcgf@catskill.net,O=margaretville tel co,l=Margaretville NY 12455, Date:9/27/2012</small> Date: 9/27/2012	
Printed name of Authorized Officer: Glen Faulkner					
Title or position of Authorized Officer: Asst Secretary / Treasurer					
Telephone number of Authorized Officer: 845-586-3311					
Study Area Code of Reporting Carrier	150104		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: MIDDLEBURGH TEL CO</p>					
<p>Signature of Authorized Officer: Marjorie Becker</p>				<p>Digitally signed by Marjorie Becker DN:cn=Marjorie Becker,email=info@midtel.net,O=middleburgh tel co,l=Middleburgh NY 12122-0191, Date:9/25/2012</p>	
<p>Date: 9/25/2012</p>					
<p>Printed name of Authorized Officer: Marjorie Becker</p>					
<p>Title or position of Authorized Officer: CEO & General Manager</p>					
<p>Telephone number of Authorized Officer: 518-827-5211</p>					
Study Area Code of Reporting Carrier	150105		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: NEWPORT TEL CO</p>					
<p>Signature of Authorized Officer: Joseph Tomaino</p>				<p>Digitally signed by Joseph Tomaino DN:cn=Joseph Tomaino,email=jtomaino@ntcnet.com,O=newport tel co,l=Newport NY 13416, Date:9/25/2012</p>	
<p>Date: 9/25/2012</p>					
<p>Printed name of Authorized Officer: Joseph Tomaino</p>					
<p>Title or position of Authorized Officer: Vice President of Operations</p>					
<p>Telephone number of Authorized Officer: 315-845-8112</p>					
Study Area Code of Reporting Carrier	150107		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: NICHOLVILLE TEL CO					
Signature of Authorized Officer: Jeffrey McGrath				<small>Digitally signed by Jeffrey McGrath DN:cn=Jeffrey McGrath,email=jmcgrath@slc.com,O=nicholville tel co,l=Nicholville NY 12965, Date:9/26/2012</small> Date: 9/26/2012	
Printed name of Authorized Officer: Jeffrey McGrath					
Title or position of Authorized Officer: Vice President/CIO					
Telephone number of Authorized Officer: 315-328-5333					
Study Area Code of Reporting Carrier	150108		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: ONEIDA COUNTY RURAL					
Signature of Authorized Officer: Thomas Ellis				<small>Digitally signed by Thomas Ellis DN:cn=Thomas Ellis,email=tellis@northlandcom.com,O=oneida county rural,l= , Date:9/25/2012</small> Date: 9/25/2012	
Printed name of Authorized Officer: Thomas Ellis					
Title or position of Authorized Officer: Executive Vice President					
Telephone number of Authorized Officer: 315-624-2000					
Study Area Code of Reporting Carrier	150111		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: ONTARIO TEL CO, INC.					
Signature of Authorized Officer: Michael Carr				<small>Digitally signed by Michael Carr DN:cn=Michael Carr,email=mikec@ftg.com,O=ontario tel co, inc.,l= , Date:9/26/2012</small> Date: 9/26/2012	
Printed name of Authorized Officer: Michael Carr					
Title or position of Authorized Officer: Chief Financial/Operating Officer					
Telephone number of Authorized Officer: 315-548-7566					
Study Area Code of Reporting Carrier	150112		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: PATTERSONVILLE TEL</p>					
<p>Signature of Authorized Officer: Tammy Krisher</p>				<p>Digitally signed by Tammy Krisher DN:cn=Tammy Krisher,email=tkrisher@ptconnect.net,O=pattersonville tel,l=Rotterdam Junc NY 12150, Date:9/27/2012</p>	
<p>Date: 9/27/2012</p>					
<p>Printed name of Authorized Officer: Tammy Krisher</p>					
<p>Title or position of Authorized Officer: President</p>					
<p>Telephone number of Authorized Officer: 518-887-2121</p>					
Study Area Code of Reporting Carrier	150116		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: STATE TEL CO					
Signature of Authorized Officer: Mark Evans				<small>Digitally signed by Mark Evans DN:cn=Mark Evans,email=mevans@statetel.com,O=state tel co,l= , Date:9/25/2012</small> Date: 9/25/2012	
Printed name of Authorized Officer: Mark Evans					
Title or position of Authorized Officer: Vice President					
Telephone number of Authorized Officer: 518-731-6128					
Study Area Code of Reporting Carrier	150125		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: TRUMANSBURG TEL CO.					
Signature of Authorized Officer: Michael Carr				<small>Digitally signed by Michael Carr DN:cn=Michael Carr,email=mikec@ftg.com,O=trumansburg tel co.,l= , Date:9/26/2012</small> Date: 9/26/2012	
Printed name of Authorized Officer: Michael Carr					
Title or position of Authorized Officer: Chief Financial/Operating Officer					
Telephone number of Authorized Officer: 315-548-7566					
Study Area Code of Reporting Carrier	150131		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.


Name of Reporting Carrier Warwick Valley Telephone Company			
Signature of Authorized Officer <i>Jennifer M. Brown</i>	Date 9/25/12		
Printed name of Authorized Officer Jennifer M. Brown			
Title or position of Authorized Officer EVP & Chief Administrative Officer and Corporate Secretary			
Telephone number of Authorized Officer (267) 234-7300 ext.			
Study Area Code of Reporting Carrier 150135	Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(u), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier				Warwick Valley Telephone Company	
Signature of Authorized Officer					
Printed name of Authorized Officer				Jennifer M. Brown	
Title or position of Authorized Officer					
EVP & Chief Administrative Officer and Corporate Secretary					
Telephone number of Authorized Officer: (267) 234-7300, ext.					
Study Area Code of Reporting Carrier		160135		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: BENTLEYVILLE TEL CO					
Signature of Authorized Officer: Michael Skrivan				<small>Digitally signed by Michael Skrivan DN:cn=Michael Skrivan,email=mskrivan@fairpoint.com,O=bentleyville tel co,l= , Date:9/28/2012</small> Date: 9/28/2012	
Printed name of Authorized Officer: Michael Skrivan					
Title or position of Authorized Officer: Vice-President Regulatory					
Telephone number of Authorized Officer: 207-535-4150					
Study Area Code of Reporting Carrier	170145		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

REDACTED-FOR PUBLIC INSPECTION

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.


Name of Reporting Carrier Citizens Telephone Company of Kecksburg		
Signature of Authorized Officer <i>Dennis K. Cutrell</i>		Date September 26, 2012
Printed name of Authorized Officer Dennis K. Cutrell		
Title or position of Authorized Officer President		
Telephone number of Authorized Officer: (724) 423-4444 ext.		
Study Area Code of Reporting Carrier	170156	Filing Due Date for this form (mm/dd/yyyy) 10/4/2012

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(d), or fines or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier				Hickory Telephone Company	
Signature of Authorized Officer					
Printed name of Authorized Officer			Grier Adamson		
Title or position of Authorized Officer			Treasurer		
Telephone number of Authorized Officer:			(724) 356-2211 ext.		
Study Area Code of Reporting Carrier			170171		Filing Due Date for this form (mm/dd/yyyy)
			10/4/2012		Date
					9/27/12

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: LACKAWAXEN TELECOM</p>					
<p>Signature of Authorized Officer: Deborah Szmyd</p>				<p>Digitally signed by Deborah Szmyd DN:cn=Deborah Szmyd,email=dszmyd@ltis.net,O=lackawaxen telecom,l=Rowland PA 18457, Date:9/26/2012</p>	
<p>Date: 9/26/2012</p>					
<p>Printed name of Authorized Officer: Deborah Szmyd</p>					
<p>Title or position of Authorized Officer: Secretary/Treasurer</p>					
<p>Telephone number of Authorized Officer: 570-685-1096</p>					
Study Area Code of Reporting Carrier	170177		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					


TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: LAUREL HIGHLAND TEL</p>					
<p>Signature of Authorized Officer: James Kail</p>				<p>Digitally signed by James Kail DN:cn=James Kail,email=jjkail@lhtot.com,O=laurel highland tel,l=Stahlstown PA 15687-0168, Date:9/27/2012</p>	
<p>Date: 9/27/2012</p>					
<p>Printed name of Authorized Officer: James Kail</p>					
<p>Title or position of Authorized Officer: CEO & President</p>					
<p>Telephone number of Authorized Officer: 724-593-2411</p>					
Study Area Code of Reporting Carrier	170179		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier			Armstrong Telephone Company - PENNSYLVANIA		
Signature of Authorized Officer			 Date 09/27/12		
Printed name of Authorized Officer			James W. Ranko		
Title or position of Authorized Officer			Controller		
Telephone number of Authorized Officer: (724) 283-0925, ext.					
Study Area Code of Reporting Carrier		170189	Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: NORTH-EASTERN PA TEL</p>					
<p>Signature of Authorized Officer: Thomas Mendicino</p>				<p>Digitally signed by Thomas Mendicino DN:cn=Thomas Mendicino,email=tommendo@nep.net,O=north-eastern pa tel,l=Forest City PA 18421, Date:9/26/2012</p>	
<p>Date: 9/26/2012</p>					
<p>Printed name of Authorized Officer: Thomas Mendicino</p>					
<p>Title or position of Authorized Officer: Vice President</p>					
<p>Telephone number of Authorized Officer: 570-785-2210</p>					
Study Area Code of Reporting Carrier	170191		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: NORTH PENN TEL CO					
Signature of Authorized Officer: Tom Prestigiacomo				<small>Digitally signed by Tom Prestigiacomo DN:cn=Tom Prestigiacomo,email=tpresti@etcnpt.com,O=north penn tel co,l=Prattsburgh NY 14873, Date:9/24/2012</small> Date: 9/24/2012	
Printed name of Authorized Officer: Tom Prestigiacomo					
Title or position of Authorized Officer: CFO					
Telephone number of Authorized Officer: 607-522-4237					
Study Area Code of Reporting Carrier	170192		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier: <u>Armstrong Telephone Company -NORTH</u>		
Signature of Authorized Officer: <u><i>James W. Ranko</i></u>	Date: <u>09/27/12</u>	
Printed name of Authorized Officer: <u>James W. Ranko</u>		
Title or position of Authorized Officer: <u>Controller</u>		
Telephone number of Authorized Officer: <u>(724) 283-0925</u> , ext. <u> </u>		
Study Area Code of Reporting Carrier: <u>170195</u>	Filing Due Date for this form (mm/dd/yyyy)	<u>10/4/2012</u>

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

REDACTED-FOR PUBLIC INSPECTION

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibility includes ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier Palmerston Telephone Company		
Signature of Authorized Officer <i>Thomas G. Lager</i>	Date 9/26/12	
Printed name of Authorized Officer Thomas G. Lager		
Title or position of Authorized Officer Vice-President of Operations		
Telephone number of Authorized Officer (610) 826-9272 ext.		
Study Area Code of Reporting Carrier 170196	Filing Due Date for this form (mm/dd/yyyy)	10/4/2012
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.		

Carrier Cert

NECA 2012 ANNUAL ACCESS TARIFF DIRECT CASE, WC DOCKET NO. 12-233

REDACTED-FOR PUBLIC INSPECTION

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier		Pennsylvania Telephone Company		Date	9/26/12
Signature of Authorized Officer		<i>Mary E. Davis</i>			
Printed name of Authorized Officer		Mary E. Davis			
Title or Position of Authorized Officer		Vice President			
Telephone number of Authorized Officer:		(670) 745-7101 ext.	Filing Due Date for this form		
Study Area Code of Reporting Carrier		170197	10/4/2012		
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(c), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

Carrier Cert

NECA 2012 ANNUAL ACCESS TARIFF DIRECT CASE, WC DOCKET NO. 12-233

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: PYMATUNING IND TEL</p>					
<p>Signature of Authorized Officer: Deborah Nobles</p>				<p>Digitally signed by Deborah Nobles DN:cn=Deborah Nobles,email=dnobles@townes.net,O=pymatuning ind tel, Inc., Date: 9/25/2012</p>	
<p>Date: 9/25/2012</p>					
<p>Printed name of Authorized Officer: Deborah Nobles</p>					
<p>Title or position of Authorized Officer: VP Regulatory Affairs</p>					
<p>Telephone number of Authorized Officer: 904-688-0029</p>					
Study Area Code of Reporting Carrier	170200		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported, and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier South Canaan Telephone Company			
Signature of Authorized Officer <i>Carolyn C. Copp</i>			Date 9/24/2012
Printed name of Authorized Officer Carolyn C. Copp			
Title or position of Authorized Officer President			
Telephone number of Authorized Officer (570) 937-4114 ext. 			
Study Area Code of Reporting Carrier 170204	Filing Due Date for this form (m/d/yyyy) 10/4/2012	Date 9/24/2012	

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier, my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier		Venus Telephone Corporation	
Signature of Authorized Officer		<i>John W. Keister</i>	Date 9/27/2012
Printed name of Authorized Officer		John W. Keister	
Title or position of Authorized Officer		V.P. Operations	
Telephone number of Authorized Officer:		(814) 354-2182	Filing Due Date for this form (mm/dd/yyyy)
Study Area Code of Reporting Carrier		170210	10/4/2012

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Carrier Cert

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: YUKON - WALTZ TEL CO</p>					
<p>Signature of Authorized Officer: James Kail</p>				<p>Digitally signed by James Kail DN:cn=James Kail,email=jjkail@lhtot.com,O=yukon - waltz tel co,l=Stahlstown PA 15687-0168, Date:9/27/2012</p>	
<p>Date: 9/27/2012</p>					
<p>Printed name of Authorized Officer: James Kail</p>					
<p>Title or position of Authorized Officer: CEO & President</p>					
<p>Telephone number of Authorized Officer: 724-593-2411</p>					
Study Area Code of Reporting Carrier	170215		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.


Name of Reporting Carrier				West Side Tel Co- PA	
Signature of Authorized Officer				<i>John P. Ludenia</i>	
Printed name of Authorized Officer				John Ludenia	
Title or position of Authorized Officer				V.P. Operations, General Manager	
Telephone number of Authorized Officer:				(304) 983-8642 ext.	
Study Area Code of Reporting Carrier		170277	Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	Date
					September 27 2012

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

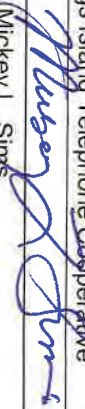
Name of Reporting Carrier		Armstrong Telephone Company - Maryland	
Signature of Authorized Officer		 Date 09/27/12	
Printed name of Authorized Officer		James W. Ranko	
Title or position of Authorized Officer Controller			
Telephone number of Authorized Officer: (724) 283-0925 ext.		Filing Due Date for this form	
Study Area Code of Reporting Carrier 180216		10/4/2012	

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier				Buggs Island Telephone Cooperative	
Signature of Authorized Officer					Date 9/27/2012
Printed name of Authorized Officer			Mickey L. Sims		
Title or position of Authorized Officer			General Manager		
Telephone number of Authorized Officer:			(434) 636-1215 ext.		
Study Area Code of Reporting Carrier	190219	Filing Due Date for this form (mm/dd/yyyy)	10/4/2012		

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: BURKE'S GARDEN TEL</p>					
<p>Signature of Authorized Officer: Missy Lynch</p>				<p>Digitally signed by Missy Lynch DN:cn=Missy Lynch,email=missylynch@bgtco.net,O=burke's garden tel,l= , Date:9/27/2012</p>	
<p>Date: 9/27/2012</p>					
<p>Printed name of Authorized Officer: Missy Lynch</p>					
<p>Title or position of Authorized Officer: Office Manager/Secretary</p>					
<p>Telephone number of Authorized Officer: 276-472-2345</p>					
Study Area Code of Reporting Carrier	190220		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier				CITIZENS TEL COOP
Signature of Authorized Officer			<i>Greg Sapp</i>	Date 9/27/12
Printed name of Authorized Officer Greg Sapp				
Title or position of Authorized Officer CEO & General Manager				
Telephone number of Authorized Officer: (540) 745-2111 ext.				
Study Area Code of Reporting Carrier	190225		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(i), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: HIGHLAND TEL COOP</p>					
<p>Signature of Authorized Officer: Ruth Newman</p>				<p>Digitally signed by Ruth Newman DN:cn=Ruth Newman,email=newmanr@htcnet.org,O=highland tel coop,l=Monterey VA 24465, Date:9/27/2012</p>	
<p>Date: 9/27/2012</p>					
<p>Printed name of Authorized Officer: Ruth Newman</p>					
<p>Title or position of Authorized Officer: Office Manager/Secretary</p>					
<p>Telephone number of Authorized Officer: 540-468-2131</p>					
Study Area Code of Reporting Carrier	190237		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: MGW TEL. CO. INC.</p>					
<p>Signature of Authorized Officer: Sheri Smith</p>				<p>Digitally signed by Sheri Smith DN:cn=Sheri Smith,email=sherihsmith@mgwnet.com,O=mgw tel. co. inc.,l=Williamsville VA 24487, Date:9/25/2012</p>	
<p>Date: 9/25/2012</p>					
<p>Printed name of Authorized Officer: Sheri Smith</p>					
<p>Title or position of Authorized Officer: Treasurer</p>					
<p>Telephone number of Authorized Officer: 540-925-2255</p>					
Study Area Code of Reporting Carrier	190238		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: NEW HOPE TEL COOP					
Signature of Authorized Officer: Laurie Hensley				Digitally signed by Laurie Hensley DN:cn=Laurie Hensley,email=lauriehensley@newhopetel.com,O=new hope tel coop,l=New Hope VA 24469, Date:9/25/2012	
Date: 9/25/2012					
Printed name of Authorized Officer: Laurie Hensley					
Title or position of Authorized Officer: Secretary-Treasurer					
Telephone number of Authorized Officer: 540-363-6277					
Study Area Code of Reporting Carrier	190239		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier, my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier				Pembroke Telephone Cooperative	
Signature of Authorized Officer				<i>Leon A. Law</i>	
Printed name of Authorized Officer				Leon A. Law	
Title or Position of Authorized Officer				President	
Telephone number of Authorized Officer				(540) 626-7111 ext. <input type="text"/>	
Study Area Code of Reporting Carrier				190243 <input type="text"/>	
				Filing Due Date for this form (mm/dd/yyyy)	
				10/4/2012 <input type="text"/>	
				Date	
				9/24/2012 <input type="text"/>	

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Carrier Cert

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: SCOTT COUNTY COOP</p>					
<p>Signature of Authorized Officer: Daniel Odom</p>				<p>Digitally signed by Daniel Odom DN:cn=Daniel Odom,email=dano@sctc.org,O=scott county coop,l=Gate City VA 24251, Date:9/27/2012</p>	
<p>Date: 9/27/2012</p>					
<p>Printed name of Authorized Officer: Daniel Odom</p>					
<p>Title or position of Authorized Officer: Chief Financial Officer</p>					
<p>Telephone number of Authorized Officer: 276-452-7224</p>					
Study Area Code of Reporting Carrier	190248		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier Lumos Telephone of Botetourt, Inc.			
Signature of Authorized Officer <i>Mary McDermott</i>		Date 9/26/2012	
Printed name of Authorized Officer Mary McDermott			
Title or position of Authorized Officer Senior Vice President - Legal and Regulatory Affairs			
Telephone number of Authorized Officer: (540) 946-8677, ext. 			
Study Area Code of Reporting Carrier	190249	 	Filing Due Date for this form (mm/dd/yyyy)
			10/4/2012
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(i), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>			

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier	Shyanard Telephone Co.			Date	5/2/12
Signature of Authorized Officer	<i>[Signature]</i>				
Printed name of Authorized Officer	Shyanard				
Title or position of Authorized Officer	Director				
Telephone number of Authorized Officer:	() -	ext.	540 314 5255		
Study Area Code of Reporting Carrier	15020	Filing Due Date for this form (mm/dd/yyyy)	10/4/2012		

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier, my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.


Name of Reporting Carrier	Sheephead Telephone - North Ave		
Signature of Authorized Officer	<i>[Signature]</i>	Date	9/25/12
Printed name of Authorized Officer	Tyeleas Reed		
Title or position of Authorized Officer	Accounting		
Telephone number of Authorized Officer: () - . ext.	346 984 5255		
Study Area Code of Reporting Carrier	157251	Filing Due Date for this form (mm/dd/yyyy)	10/4/2012

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier: Armstrong Telephone Company -WEST VIRGINIA			
Signature of Authorized Officer: 			Date: 09/27/12
Printed name of Authorized Officer: James W. Ranko			
Title or position of Authorized Officer: Controller			
Telephone number of Authorized Officer: (724) 283-0925		ext. 	
Study Area Code of Reporting Carrier: 200256	Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier				Spruce Knob Seneca Rocks Telephone, Inc.	
Signature of Authorized Officer			<i>Ivan "Sonny" O'Neil</i>		Date
Printed name of Authorized Officer			Ivan "Sonny" O'Neil		
Title or position of Authorized Officer					
President, Board of Directors					
Telephone number of Authorized Officer:				(304) 567-2121 ext.	
Study Area Code of Reporting Carrier	200257		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: WAR TEL LLC</p>					
<p>Signature of Authorized Officer: Dennis Andrews</p>				<p>Digitally signed by Dennis Andrews DN:cn=Dennis Andrews,email=dennis@otelcotel.com,O=war tel llc,l= , Date:9/26/2012</p>	
<p>Date: 9/26/2012</p>					
<p>Printed name of Authorized Officer: Dennis Andrews</p>					
<p>Title or position of Authorized Officer: Sr Vice President</p>					
<p>Telephone number of Authorized Officer: 256-586-1420</p>					
Study Area Code of Reporting Carrier	200258		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

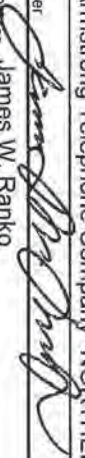



TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: HARDY TELECOM</p>					
<p>Signature of Authorized Officer: Scott Sherman</p>				<p>Digitally signed by Scott Sherman DN:cn=Scott Sherman,email=ssherman@hardynet.com,O=hardy telecom,lc= , Date:9/24/2012</p>	
<p>Date: 9/24/2012</p>					
<p>Printed name of Authorized Officer: Scott Sherman</p>					
<p>Title or position of Authorized Officer: General Manager & CEO</p>					
<p>Telephone number of Authorized Officer: 304-897-9911</p>					
Study Area Code of Reporting Carrier	200259		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier, my responsibilities include ensuring the accuracy of the actual data reported, and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier Armstrong Telephone Company -NORTHERN DIVISION			
Signature of Authorized Officer			Date 09/27/12
Printed name of Authorized Officer James W. Ranko			
Title or position of Authorized Officer Controller			
Telephone number of Authorized Officer: (724) 283-0925 ext. 			
Study Area Code of Reporting Carrier	200267		Filing Due Date for this form (mm/dd/yyyy) 10/4/2012 

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.


Name of Reporting Carrier				West Side Tel-WV	
Signature of Authorized Officer				<i>John P. Ludenia</i>	
Printed name of Authorized Officer				John Ludenia	
Title or position of Authorized Officer				V.P. Operations, General Manager	
Telephone number of Authorized Officer:				(304) 983-8642 ext.	
Study Area Code of Reporting Carrier		200277	Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	Date
					September 27 2012

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier				ITS Telecommunications Systems, Inc.	
Signature of Authorized Officer					
Printed name of Authorized Officer				Don Pittman	
Title or position of Authorized Officer				Vice President/CFO	
Telephone number of Authorized Officer:				(772) 597-3767 ext.	
Study Area Code of Reporting Carrier		210331	Filing Due Date for this form		10/4/2012
			(mm/dd/yyyy)		

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Carrier Cert

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: NORTHEAST FLORIDA</p>					
<p>Signature of Authorized Officer: Deborah Nobles</p>				<p>Digitally signed by Deborah Nobles DN:cn=Deborah Nobles,email=dnobles@townes.net,O=northeast florida,lc=, Date:9/25/2012</p> <p>Date: 9/25/2012</p>	
<p>Printed name of Authorized Officer: Deborah Nobles</p>					
<p>Title or position of Authorized Officer: VP Regulatory Affairs</p>					
<p>Telephone number of Authorized Officer: 904-688-0029</p>					
Study Area Code of Reporting Carrier	210335		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: GTC, INC.					
Signature of Authorized Officer: Michael Skrivan				<small>Digitally signed by Michael Skrivan DN:cn=Michael Skrivan,email=mskrivan@fairpoint.com,O=gtc, inc.,l= , Date:9/28/2012</small> Date: 9/28/2012	
Printed name of Authorized Officer: Michael Skrivan					
Title or position of Authorized Officer: Vice-President Regulatory					
Telephone number of Authorized Officer: 207-535-4150					
Study Area Code of Reporting Carrier	210339		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.


Name of Reporting Carrier				Valley Telephone Co., LLC	
Signature of Authorized Officer				M. Z. S. Holt	Date 9/25/12
Printed name of Authorized Officer				Todd Holt	
Title or position of Authorized Officer				Chief Financial Officer	
Telephone number of Authorized Officer:				(706) 645-8752	ext.
Study Area Code of Reporting Carrier				220324	Filing Due Date for this form (mm/dd/yyyy)
				10/4/2012	

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier ALMA TELEPHONE CO., INC.			
Signature of Authorized Officer 			Date 09-26-2012
Printed name of Authorized Officer KEVIN K. BROOKS			
Title or position of Authorized Officer PRESIDENT			
Telephone number of Authorized Officer: (912) 632-8603 ext.			
Study Area Code of Reporting Carrier	220344	Filing Due Date for this form (mm/dd/yyyy)	10/4/2012

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: BRANTLEY TEL CO</p>					
<p>Signature of Authorized Officer: Donovan Strickland</p>				<p>Digitally signed by Donovan Strickland DN:cn=Donovan Strickland,email=donos@btconline.net,O=brantley tel co,l=Nahunta GA 31553, Date:9/25/2012</p>	
<p>Date: 9/25/2012</p>					
<p>Printed name of Authorized Officer: Donovan Strickland</p>					
<p>Title or position of Authorized Officer: Vice President/General Manager</p>					
<p>Telephone number of Authorized Officer: 912-462-5111</p>					
Study Area Code of Reporting Carrier	220347		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: BULLOCH COUNTY RURAL</p>					
<p>Signature of Authorized Officer: Dennis Lewis</p>				<p>Digitally signed by Dennis Le= is DN: cn, Dennis Le= is@mail, dle= isw bulloch.net@, bulloch county rural@ @ate: 9/25/2012</p>	
<p>Date: 9/25/2012</p>					
<p>Printed name of Authorized Officer: Dennis Lewis</p>					
<p>Title or position of Authorized Officer: General Manager/COO</p>					
<p>Telephone number of Authorized Officer: 912-865-1100</p>					
Study Area Code of Reporting Carrier	220348		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.




Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: CHICKAMAUGA TEL CORP</p>					
<p>Signature of Authorized Officer: Charles Fail</p>				<p>Digitally signed by Charles Fail DN:cn=Charles Fail,email=charlief@nexband.com,O=chickamauga tel corp,l=Bay Springs MS 39422, Date:9/26/2012</p>	
<p>Date: 9/26/2012</p>					
<p>Printed name of Authorized Officer: Charles Fail</p>					
<p>Title or position of Authorized Officer: President</p>					
<p>Telephone number of Authorized Officer: 601-764-3463</p>					
Study Area Code of Reporting Carrier	220354		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

REDACTED-FOR PUBLIC INSPECTION

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported, and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier	Citizens Telephone Company, Inc.			Date	9/27/12
Signature of Authorized Officer					
Printed name of Authorized Officer	S. Chad Ledger				
Title or position of Authorized Officer	General Manager				
Telephone number of Authorized Officer	(229 874 4145)				
Study Area Code of Reporting Carrier	220355		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier			Darlen Telephone Company		
Signature of Authorized Officer			<i>Reginald V. Jackson</i>		
Printed name of Authorized Officer			Reginald V. Jackson		
Title or position of Authorized Officer			Vice President		
Telephone number of Authorized Officer:			(912) 437-4111 ext.		
Study Area Code of Reporting Carrier		220358		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: ELLIJAY TEL CO</p>					
<p>Signature of Authorized Officer: Darrell Harper</p>				<p>Digitally signed by Darrell Harper DN:cn=Darrell Harper,email=darrellh@ellijay.com,O=ellijay tel co,l= , Date:9/26/2012</p>	
<p>Date: 9/26/2012</p>					
<p>Printed name of Authorized Officer: Darrell Harper</p>					
<p>Title or position of Authorized Officer: Assistant Vice President</p>					
<p>Telephone number of Authorized Officer: 706-697-5519</p>					
Study Area Code of Reporting Carrier	220360		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: GLENWOOD TEL CO					
Signature of Authorized Officer: Janice O'Brien				Digitally signed by Janice O'Brien DN:cn=Janice O'Brien,email=jeogtc@glenwoodtelephone.com,O=glenwood tel co,l=Glenwood GA 30428-0235, Date:9/25/2012	
Date: 9/25/2012					
Printed name of Authorized Officer: Janice O'Brien					
Title or position of Authorized Officer: President					
Telephone number of Authorized Officer: 912-523-5111					
Study Area Code of Reporting Carrier	220365		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: HART TEL CO</p>					
<p>Signature of Authorized Officer: Randy Daniel</p>				<p>Digitally signed by Randy Daniel DN:cn=Randy Daniel,email=randy@hartcom.net,O=hart tel co,l=Hartwell GA 30643, Date:9/25/2012</p>	
<p>Date: 9/25/2012</p>					
<p>Printed name of Authorized Officer: Randy Daniel</p>					
<p>Title or position of Authorized Officer: President</p>					
<p>Telephone number of Authorized Officer: 706-376-4701</p>					
Study Area Code of Reporting Carrier	220368		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier <u>ComSouth Telecommunications, Inc.</u>			
Signature of Authorized Officer <u>Scott C. Obert-Thorn</u>	Date <u>09/26/2012</u>		
Printed name of Authorized Officer <u>Scott C. Obert-Thorn</u>			
Title or position of Authorized Officer <u>Chief Financial Officer</u>			
Telephone number of Authorized Officer: <u>(478) 783-4001</u> ext. <u></u>			
Study Area Code of Reporting Carrier <u>220369</u>	Filing Due Date for this form (mm/dd/yyyy) <u>10/4/2012</u>		

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(a), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1003.

Carrier Cert

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: PEMBROKE TEL CO					
Signature of Authorized Officer: Mary Anna Hite				Digitally signed by Mary Anna Hite DN:cn=Mary Anna Hite,email=mahite@pemtelo.com,O=pembroke tel co,l=Pembroke GA 31321, Date:9/25/2012 Date: 9/25/2012	
Printed name of Authorized Officer: Mary Anna Hite					
Title or position of Authorized Officer: Secretary-Treasurer/General Manager					
Telephone number of Authorized Officer: 912-653-4389					
Study Area Code of Reporting Carrier	220376		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: PINELAND TEL COOP</p>					
<p>Signature of Authorized Officer: Linda Wallace</p>				<p>Digitally signed by Linda Wallace DN:cn=Linda Wallace,email=lwallace@pinelandtelco.com,O=pineland tel coop, =Metter GA 30439, Date:9/25/2012</p>	
<p>Date: 9/25/2012</p>					
<p>Printed name of Authorized Officer: Linda Wallace</p>					
<p>Title or position of Authorized Officer: Director of Bus & Fin Operations</p>					
<p>Telephone number of Authorized Officer: 912-685-2121</p>					
Study Area Code of Reporting Carrier	220377		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: PLANTERS RURAL COOP</p>					
<p>Signature of Authorized Officer: John Lacienski</p>				<p>Digitally signed by John Lacienski DN:cn=John Lacienski,email=jclacien@planters.net,O=planters rural coop,l=Newington GA 30446, Date:9/25/2012</p>	
<p>Date: 9/25/2012</p>					
<p>Printed name of Authorized Officer: John Lacienski</p>					
<p>Title or position of Authorized Officer: President</p>					
<p>Telephone number of Authorized Officer: 912-857-4411</p>					
Study Area Code of Reporting Carrier	220378		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier				PLANT TELEPHONE COMPANY	
Signature of Authorized Officer			<i>Danny E. Sterling</i>		Date 9/25/2012
Printed name of Authorized Officer DANNY E. STERLING					
Title or position of Authorized Officer PRESIDENT & GENERAL MANAGER					
Telephone number of Authorized Officer: (229) 528-4777, ext.					
Study Area Code of Reporting Carrier	220379		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: PROGRESSIVE RURAL</p>					
<p>Signature of Authorized Officer: Wayne Dixon</p>				<p>Digitally signed by Wayne Dixon DN:cn=Wayne Dixon,email=swdixon@progressivetel.com,O=progressive rural,l=Rentz GA 31075, Date:9/27/2012</p>	
<p>Date: 9/27/2012</p>					
<p>Printed name of Authorized Officer: Wayne Dixon</p>					
<p>Title or position of Authorized Officer: General Manager</p>					
<p>Telephone number of Authorized Officer: 478-984-4201</p>					
Study Area Code of Reporting Carrier	220380		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier	Public Service Telephone Company		
Signature of Authorized Officer			Date September 27, 2012
Printed name of Authorized Officer	James L. Bond		
Title or position of Authorized Officer	President		
Telephone number of Authorized Officer	478, 847 4111, ext. 6520		
Study Area Code of Reporting Carrier	220381	Filing Due Date for this form (mm/dd/yyyy)	10/4/2012

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier Ringgold Telephone Company			
Signature of Authorized Officer <i>[Signature]</i>			Date 9/26/2012
Printed name of Authorized Officer Lisa K. Dukes			
Title or position of Authorized Officer C.F.O.			
Telephone number of Authorized Officer: 706-965-1255			
Study Area Code of Reporting Carrier	220382	Filing Due Date for this form (mm/dd/yyyy)	10/4/2012

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Carrier Cert

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier				Trenton Telephone Co	
Signature of Authorized Officer		<i>Steven W. Tatum</i>		Date 09/27/2012	
Printed name of Authorized Officer Steven W. Tatum					
Title or position of Authorized Officer Vice President					
Telephone number of Authorized Officer: (706) 657-4367, ext. _____					
Study Area Code of Reporting Carrier		220389		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: WAVERLY HALL, LLC</p>					
<p>Signature of Authorized Officer: Robert Jones</p>				<p>Digitally signed by Robert Jones DN:cn=Robert Jones,email=rjones@wavetel.us,O=waverly hall, llc,l=Waverly Hall GA 31831, Date:9/27/2012</p>	
<p>Date: 9/27/2012</p>					
<p>Printed name of Authorized Officer: Robert Jones</p>					
<p>Title or position of Authorized Officer: General Manager</p>					
<p>Telephone number of Authorized Officer: 706-582-3333</p>					
Study Area Code of Reporting Carrier	220392		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: WILKES TEL & ELC CO</p>					
<p>Signature of Authorized Officer: George Dyson</p>				<p>Digitally signed by George Dyson DN:cn=George Dyson,email=gad@nu-z.net,O=wilkes tel & elc co,l=Washington GA 30673, Date:9/25/2012</p>	
<p>Date: 9/25/2012</p>					
<p>Printed name of Authorized Officer: George Dyson</p>					
<p>Title or position of Authorized Officer: President/Owner</p>					
<p>Telephone number of Authorized Officer: 706-678-9544</p>					
Study Area Code of Reporting Carrier	220394		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier, my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

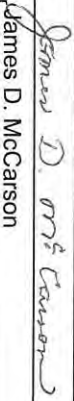
Name of Reporting Carrier <u>Ellerbe Telephone Company</u>			Date <u>9/27/12</u>
Signature of Authorized Officer <u>Herbert Long Jr.</u>			
Printed name of Authorized Officer <u>Herbert Long, Jr.</u>			
Title or position of Authorized Officer <u>Vice President</u>			
Telephone number of Authorized Officer: <u>(910) 652-2221</u> ext. <u> </u>			
Study Area Code of Reporting Carrier	<u>230478</u>	Filing Due Date for this form (mm/dd/yyyy)	<u>10/4/2012</u>

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier				North State Telephone Company d/b/a North State Communications	
Signature of Authorized Officer					Date 09/26/12
Printed name of Authorized Officer James D. McCarron					
Title or position of Authorized Officer Vice President - Corporate Administration					
Telephone number of Authorized Officer: (336) 886-3628 ext.					
Study Area Code of Reporting Carrier	230491		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.


Name of Reporting Carrier	Pineville Telephone Company		Date	04-23-12
Signature of Authorized Officer	<i>Gary W. Creech</i>			
Printed name of Authorized Officer	GARY W. CREECH			
Title or position of Authorized Officer	General Manager			
Telephone number of Authorized Officer:	704.581.2001 ext. _____			
Study Area Code of Reporting Carrier	230494		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier				Randolph Telephone Membership Corporation	
Signature of Authorized Officer					
Printed name of Authorized Officer				William J. Allen	
Title or position of Authorized Officer				President	
Telephone number of Authorized Officer:				(336) 622-7924 ext.	
Study Area Code of Reporting Carrier	230496	Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	Date	09/25/2012

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: SURRY MEMBERSHIP</p>					
<p>Signature of Authorized Officer: Curtis Taylor</p>				<p>Digitally signed by Curtis Taylor DN:cn=Curtis Taylor,email=ctaylor@surry.net,O=surry membership,l=Dobson NC 27017, Date:9/25/2012</p>	
<p>Date: 9/25/2012</p>					
<p>Printed name of Authorized Officer: Curtis Taylor</p>					
<p>Title or position of Authorized Officer: CEO</p>					
<p>Telephone number of Authorized Officer: 336-374-4535</p>					
Study Area Code of Reporting Carrier	230497		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: STAR MEMBERSHIP CORP</p>					
<p>Signature of Authorized Officer: Lyman Horne</p>				<p>Digitally signed by Lyman Horne DN:cn=Lyman Horne,email=lmhorne@stmc.net,O=star membership corp,l=Clinton NC 28328, Date:9/24/2012</p>	
<p>Date: 9/24/2012</p>					
<p>Printed name of Authorized Officer: Lyman Horne</p>					
<p>Title or position of Authorized Officer: EVP & General Manager</p>					
<p>Telephone number of Authorized Officer: 910-564-7827</p>					
Study Area Code of Reporting Carrier	230502		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: SURRY MEMBERSHIP</p>					
<p>Signature of Authorized Officer: Curtis Taylor</p>				<p>Digitally signed by Curtis Taylor DN:cn=Curtis Taylor,email=ctaylor@surry.net,O=surry membership,l=Dobson NC 27017, Date:9/25/2012</p> <p>Date: 9/25/2012</p>	
<p>Printed name of Authorized Officer: Curtis Taylor</p>					
<p>Title or position of Authorized Officer: CEO</p>					
<p>Telephone number of Authorized Officer: 336-374-4535</p>					
Study Area Code of Reporting Carrier	230503		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier				TriCounty Telephone Membership Corp	
Signature of Authorized Officer			<i>Gregory S. Coltrain</i>		Date 09/25/12
Printed name of Authorized Officer			Gregory S Coltrain		
Title or position of Authorized Officer			CEO/General Manager		
Telephone number of Authorized Officer			(252) 964-8000 ext.		
Study Area Code of Reporting Carrier		230505	Filing Due Date for this form (mm/dd/yyyy)		10/4/2012


Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Carrier Cert

TO BE COMPLETED BY THE REPORTING CARRIER

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier	Wilkes Telephone Membership Corp		
Signature of Authorized Officer			Date 9/26/2012
Printed name of Authorized Officer	Eric S. Cramer		
Title or position of Authorized Officer	Chief Executive Officer		
Telephone number of Authorized Officer	(336) 973-3103	ext	
Study Area Code of Reporting Carrier	230510		Filing Due Date for this form (mm/dd/yyyy) 10/4/2012

Persons willfully making false statements on this form can be punished by fine or torture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Cramer, Eric

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: PALMETTO RURAL COOP					
Signature of Authorized Officer: Dewaine Wilson				<small>Digitally signed by Dewaine Wilson DN:cn=Dewaine Wilson,email=dewaine.wilson@prtc.coop,O=palmetto rural coop, Date:9/26/2012</small> Date: 9/26/2012	
Printed name of Authorized Officer: Dewaine Wilson					
Title or position of Authorized Officer: Controller					
Telephone number of Authorized Officer: 843 538-9382					
Study Area Code of Reporting Carrier	240536		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier				Piedmont Rural Telephone Cooperative, Inc.	
Signature of Authorized Officer			<i>Randal J. Odom</i>		Date
Printed name of Authorized Officer			Randal J. Odom		9.24.12
Title or position of Authorized Officer				Chief Executive Officer	
Telephone number of Authorized Officer:				(864) 682-3131 ext.	
Study Area Code of Reporting Carrier	240538	Filing Due Date for this form (mm/dd/yyyy)	10/4/2012		

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: PBT TELECOM, INC.</p>					
<p>Signature of Authorized Officer: L. Spearman</p>				<p>Digitally signed by L. Spearman DN:cn=L. Spearman,email=bspearman@pbttel.net,O=pbt telecom, inc., Date:9/25/2012</p>	
<p>Date: 9/25/2012</p>					
<p>Printed name of Authorized Officer: L. Spearman</p>					
<p>Title or position of Authorized Officer: Director of Business Development</p>					
<p>Telephone number of Authorized Officer: 803-894-1104</p>					
Study Area Code of Reporting Carrier	240539		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.


Name of Reporting Carrier				Sandhill Telephone Cooperative, Inc.	
Signature of Authorized Officer				<i>L. de Chambers</i>	
Printed name of Authorized Officer				Lee Chambers	
Title or position of Authorized Officer				CEO/Manager	
Telephone number of Authorized Officer				(843) 658-6379 ext.	
Study Area Code of Reporting Carrier		240546	Filing Due Date for this form (mm/dd/yyyy)		10/4/2012
			Date		9/25/2012

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier				West Carolina Rural Telephone Cooperative, Inc.	
Signature of Authorized Officer					
Printed name of Authorized Officer				David J. Heron	
Title or position of Authorized Officer				CEO	
Telephone number of Authorized Officer: (864) 446-2111				ext.	
Study Area Code of Reporting Carrier				240550	
Filing Due Date for this form (mm/dd/yyyy)				10/4/2012	
Date				09/28/2012	

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: BLOUNTSVILLE TEL LLC</p>					
<p>Signature of Authorized Officer: Dennis Andrews</p>				<p>Digitally signed by Dennis Andrews DN:cn=Dennis Andrews,email=dennis@otelcotel.com,O=blountsville tel llc,lc= , Date:9/26/2012</p> <p>Date: 9/26/2012</p>	
<p>Printed name of Authorized Officer: Dennis Andrews</p>					
<p>Title or position of Authorized Officer: Sr Vice President</p>					
<p>Telephone number of Authorized Officer: 256-586-1420</p>					
Study Area Code of Reporting Carrier	250282		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: BRINDLEE MOUNTAIN</p>					
<p>Signature of Authorized Officer: Dennis Andrews</p>				<p>Digitally signed by Dennis Andrews DN:cn=Dennis Andrews,email=dennis@otelcotel.com,O=brindlee mountain,lc=, Date:9/26/2012</p>	
<p>Date: 9/26/2012</p>					
<p>Printed name of Authorized Officer: Dennis Andrews</p>					
<p>Title or position of Authorized Officer: Sr Vice President</p>					
<p>Telephone number of Authorized Officer: 256-586-1420</p>					
Study Area Code of Reporting Carrier	250283		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

REDACTED-FOR PUBLIC INSPECTION

2-5

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier, my responsibilities include ensuring the accuracy of the actual data reported, and, to the best of my knowledge, the information reported on this form is accurate.

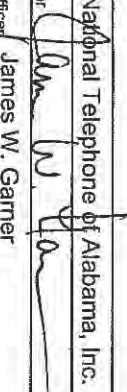
Name of Reporting Carrier			Castleberry Telephone Co., Inc.		
Signature of Authorized Officer			Sharon M. Berry		
Printed name of Authorized Officer			Sharon M. Berry		
Title or position of Authorized Officer			Soc/Treas		
Telephone number of Authorized Officer			851/966-2115 ext.		
Study Area Code of Reporting Carrier			250285		
Filing Due Date for this form (mm/dd/yyyy)			10/4/2012		
Date			9-26-12		

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier				National Telephone of Alabama, Inc.	
Signature of Authorized Officer					
Printed name of Authorized Officer			James W. Garner		
Title or position of Authorized Officer			Vice President of Operations		
Telephone number of Authorized Officer:			(601) 354-9070 ext.		
Study Area Code of Reporting Carrier	250286	Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	Date	9/26/2012

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Carrier Cert

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier				Farmers Telecommunications Cooperative, Inc.	
Signature of Authorized Officer		<i>Tyler Pair</i>		Date 09/25/2012	
Printed name of Authorized Officer Tyler Pair					
Title or position of Authorized Officer Chief Financial Officer					
Telephone number of Authorized Officer: (256) 638-2144 ext.					
Study Area Code of Reporting Carrier		250290	Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier Knology Total Communications, Inc.			
Signature of Authorized Officer N. Todd Holt	Date 9/25/12		
Printed name of Authorized Officer Todd Holt			
Title or position of Authorized Officer Chief Financial Officer			
Telephone number of Authorized Officer (706) 645-8752	ext.		
Study Area Code of Reporting Carrier 250295	Filing Due Date for this form (mm/dd/yyyy) 10/4/2012	Date	

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier: Hayneville Telephone Company, Inc.			
Signature of Authorized Officer: <i>Evelyn P. Causey</i>			Date: 09/27/2012
Printed name of Authorized Officer: Evelyn P Causey			
Title or position of Authorized Officer: COO			
Telephone number of Authorized Officer: (334) 371-3008			
Study Area Code of Reporting Carrier:	250299	Filing Due Date for this form (mm/dd/yyyy)	10/4/2012

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Carrier Cert

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: HOPPER TELECOMM. LLC</p>					
<p>Signature of Authorized Officer: Dennis Andrews</p>				<p>Digitally signed by Dennis Andrews DN:cn=Dennis Andrews,email=dennis@otelcotel.com,O=hopper telecomm. llc, Date:9/26/2012</p>	
<p>Date: 9/26/2012</p>					
<p>Printed name of Authorized Officer: Dennis Andrews</p>					
<p>Title or position of Authorized Officer: Sr Vice President</p>					
<p>Telephone number of Authorized Officer: 256-586-1420</p>					
Study Area Code of Reporting Carrier	250300		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: MILLRY TEL CO</p>					
<p>Signature of Authorized Officer: Bobby Williams</p>				<p>Digitally signed by Bobby Williams DN:cn=Bobby Williams,email=bobbywilliams@millry.net,O=millry tel co,l=Millry AL 36558-0561, Date:9/25/2012</p>	
<p>Date: 9/25/2012</p>					
<p>Printed name of Authorized Officer: Bobby Williams</p>					
<p>Title or position of Authorized Officer: Vice President and Assistant Secretary</p>					
<p>Telephone number of Authorized Officer: 251-846-2911</p>					
Study Area Code of Reporting Carrier	250304		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: MON-CRE TEL COOP</p>					
<p>Signature of Authorized Officer: Linda Missildine</p>				<p>Digitally signed by Linda Missildine DN:cn=Linda Missildine,email=lfm11@mon-cre.net,O=mon-cre tel coop, Ramer AL 36069, Date:9/25/2012</p>	
<p>Date: 9/25/2012</p>					
<p>Printed name of Authorized Officer: Linda Missildine</p>					
<p>Title or position of Authorized Officer: CFO</p>					
<p>Telephone number of Authorized Officer: 334-562-3242</p>					
Study Area Code of Reporting Carrier	250305		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: MOUNDVILLE TEL CO					
Signature of Authorized Officer: Larry Taylor				<small>Digitally signed by Larry Taylor DN:cn=Larry Taylor,email=larry@mound.net,O=moundville tel co,l=Moundville AL 35474, Date:9/26/2012</small> Date: 9/26/2012	
Printed name of Authorized Officer: Larry Taylor					
Title or position of Authorized Officer: President					
Telephone number of Authorized Officer: 205-371-9011					
Study Area Code of Reporting Carrier	250307		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICG Data Reported

I certify that I am an officer of the reporting carrier, my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier New Hope Telephone Cooperative, Inc.

Signature of Authorized Officer

Greg Glover

Date 9-28-12

Printed name of Authorized Officer

Greg Glover

Title or position of Authorized Officer President

Telephone number of Authorized Officer (256) 723-4211 ext.

Study Area Code of Reporting Carrier

250308

Filing Due Date for this form (mm/dd/yyyy)

10/4/2012

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: OTELCO TELEPHONE LLC</p>					
<p>Signature of Authorized Officer: Dennis Andrews</p>				<p>Digitally signed by Dennis Andrews DN:cn=Dennis Andrews,email=dennis@otelcotel.com,O=otelco telephone llc, Date: 9/26/2012</p>	
<p>Date: 9/26/2012</p>					
<p>Printed name of Authorized Officer: Dennis Andrews</p>					
<p>Title or position of Authorized Officer: Sr Vice President</p>					
<p>Telephone number of Authorized Officer: 256-586-1420</p>					
Study Area Code of Reporting Carrier	250312		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier				PINE BELT TEL CO	
Signature of Authorized Officer					
Printed name of Authorized Officer				John C. Nettles	
Title or position of Authorized Officer				President	
Telephone number of Authorized Officer:				(334) 385-2106 ext. _____	
Study Area Code of Reporting Carrier		250315	Filing Due Date for this form (mm/dd/yyyy)		10/4/2012

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.


TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: RAGLAND TEL CO</p>					
<p>Signature of Authorized Officer: Peggy Dickinson</p>				<p>Digitally signed by Peggy Dickinson DN:cn=Peggy Dickinson,email=peggydickinson@ragland.net,O=ragland tel co,l=Ragland AL 35131, Date:9/24/2012</p>	
<p>Date: 9/24/2012</p>					
<p>Printed name of Authorized Officer: Peggy Dickinson</p>					
<p>Title or position of Authorized Officer: President</p>					
<p>Telephone number of Authorized Officer: 205-472-2141</p>					
Study Area Code of Reporting Carrier	250316		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier	Rogonke Telephone Company, Inc.		
Signature of Authorized Officer		Date	9/26/2012
Printed name of Authorized Officer	James W. Garner		
Title or position of Authorized Officer	Vice President of Operations		
Telephone number of Authorized Officer:	(601) 354-9070	ext.	
Study Area Code of Reporting Carrier	250317	Filing Due Date for this form (mm/dd/yyyy)	10/4/2012

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Carrier Cert

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: UNION SPRINGS TEL CO</p>					
<p>Signature of Authorized Officer: Larry Grogan</p>				<p>Digitally signed by Larry Grogan DN:cn=Larry Grogan,email=lcgrogan@ustconline.net,O=union springs tel co,l=Montgomery AL 36124-0967, Date:9/25/2012</p>	
<p>Date: 9/25/2012</p>					
<p>Printed name of Authorized Officer: Larry Grogan</p>					
<p>Title or position of Authorized Officer: President</p>					
<p>Telephone number of Authorized Officer: 334-279-8201</p>					
Study Area Code of Reporting Carrier	250322		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

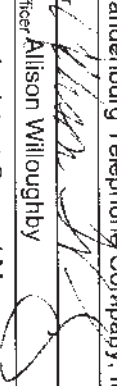
TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: BALLARD RURAL COOP					
Signature of Authorized Officer: Harlon Parker				<small>Digitally signed by Harlon Parker DN:cn=Harlon Parker,email=manager@brtc.net,O=ballard rural coop,l=La Center KY 42056-0209, Date:9/26/2012</small> Date: 9/26/2012	
Printed name of Authorized Officer: Harlon Parker					
Title or position of Authorized Officer: CEO/General Manager					
Telephone number of Authorized Officer: 270-665-5186					
Study Area Code of Reporting Carrier	260396		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier Brandenburg Telephong Company, Inc.			
Signature of Authorized Officer 		Date 09-24-2012	
Printed name of Authorized Officer Allison Willoughby			
Title or position of Authorized Officer Assistant General Manager			
Telephone number of Authorized Officer: (270) 422-2121 , ext.			
Study Area Code of Reporting Carrier	260398	Filing Due Date for this form (mm/dd/yyyy)	10/4/2012

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: DUO COUNTY TEL COOP</p>					
<p>Signature of Authorized Officer: Daryl Hammond</p>				<p>Digitally signed by Daryl Hammond DN:cn=Daryl Hammond,email=dhammond@duotel.com,O=duo county tel coop,l=Jamestown KY 42629, Date:9/24/2012</p> <p>Date: 9/24/2012</p>	
<p>Printed name of Authorized Officer: Daryl Hammond</p>					
<p>Title or position of Authorized Officer: Chief Financial Officer</p>					
<p>Telephone number of Authorized Officer: 270-343-3131</p>					
Study Area Code of Reporting Carrier	260401		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: FOOTHILLS RURAL COOP</p>					
<p>Signature of Authorized Officer: Ruth Conley</p>				<p>Digitally signed by Ruth Conley DN:cn=Ruth Conley,email=ruthc@foothills.coop,O=foothills rural coop,l=Staffordsville KY 41256, Date:9/26/2012</p>	
<p>Date: 9/26/2012</p>					
<p>Printed name of Authorized Officer: Ruth Conley</p>					
<p>Title or position of Authorized Officer: Chief Executive Officer</p>					
<p>Telephone number of Authorized Officer: 606-297-9131</p>					
Study Area Code of Reporting Carrier	260406		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: LOGAN TEL. COOP. INC</p>					
<p>Signature of Authorized Officer: Gregory Hale</p>				<p>Digitally signed by Gregory Hale DN:cn=Gregory Hale,email=ghale@loganphone.com,O=logan tel. coop. inc,l=Auburn KY 42206, Date:9/26/2012</p>	
<p>Date: 9/26/2012</p>					
<p>Printed name of Authorized Officer: Gregory Hale</p>					
<p>Title or position of Authorized Officer: General Manager/Executive V.P.</p>					
<p>Telephone number of Authorized Officer: 270-542-4121</p>					
Study Area Code of Reporting Carrier	260413		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier Mountain Rural Telephone Coop. Corp., Inc.			
Signature of Authorized Officer <i>Jimmie Jones</i>			Date 09/26/2012
Printed name of Authorized Officer Jimmie Jones			
Title or position of Authorized Officer President			
Telephone number of Authorized Officer: (606) 743-3121 ext. <input type="text"/>			
Study Area Code of Reporting Carrier	260414	Filing Due Date for this form (mm/dd/yyyy)	10/4/2012

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: PEOPLES RURAL COOP</p>					
<p>Signature of Authorized Officer: Keith Gabbard</p>				<p>Digitally signed by Keith Gabbard DN:cn=Keith Gabbard,email=keith.gabbard@prtc.org,O=peoples rural coop,l=McKee KY 40447, Date:9/25/2012</p>	
<p>Date: 9/25/2012</p>					
<p>Printed name of Authorized Officer: Keith Gabbard</p>					
<p>Title or position of Authorized Officer: CEO</p>					
<p>Telephone number of Authorized Officer: 606-287-7101</p>					
Study Area Code of Reporting Carrier	260415		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.


Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: THACKER/GRIGSBY TEL</p>					
<p>Signature of Authorized Officer: William Grigsby</p>				<p>Digitally signed by William Grigsby DN:cn=William Grigsby,email=b.grigsby@tgtel.com,O=thacker/grigsby tel,l=Hindman KY 41822, Date:9/26/2012</p>	
<p>Date: 9/26/2012</p>					
<p>Printed name of Authorized Officer: William Grigsby</p>					
<p>Title or position of Authorized Officer: Vice-President/General Manager</p>					
<p>Telephone number of Authorized Officer: 606-785-9500</p>					
Study Area Code of Reporting Carrier	260419		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

REDACTED-FOR PUBLIC INSPECTION

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported


I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier			West Kentucky Rural Telephone Cooperative Corporation, Inc. - KY		
Signature of Authorized Officer			 Date 9/26/2012		
Printed name of Authorized Officer Trevor Bonnstetter					
Title or position of Authorized Officer Chief Executive Officer					
Telephone number of Authorized Officer: (270) 674-1000 ext.					
Study Area Code of Reporting Carrier		260421	Filing Due Date for this form (mm/dd/yyyy)		10/4/2012
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier				Cameron Telephone Company, LLC - Louisiana	
Signature of Authorized Officer					Date
Printed name of Authorized Officer			George J. Mack		9/25/2012
Title or position of Authorized Officer			President and General Manager		
Telephone number of Authorized Officer:			(337) 583-2111 ext.		
Study Area Code of Reporting Carrier	270425	Filing Due Date for this form (mm/dd/yyyy)	10/4/2012		

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: CAMPTI-PLEASANT HILL</p>					
<p>Signature of Authorized Officer: Tom Edens</p>				<p>Digitally signed by Tom Edens DN:cn=Tom Edens,email=tom@cp-tel.com,O=campti-pleasant hill,j=Natchitoches LA 71457, Date:9/26/2012</p>	
<p>Date: 9/26/2012</p>					
<p>Printed name of Authorized Officer: Tom Edens</p>					
<p>Title or position of Authorized Officer: CEO</p>					
<p>Telephone number of Authorized Officer: 318-352-0014</p>					
Study Area Code of Reporting Carrier	270426		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

REDACTED-FOR PUBLIC INSPECTION

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier, my responsibilities include ensuring the accuracy of the actual data reported, and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier Delcambre Telephone Co			
Signature of Authorized Officer <i>Matt LeBlanc</i>		Date 9-27-12	
Printed name of Authorized Officer Matt LeBlanc			
Title or position of Authorized Officer President			
Telephone number of Authorized Officer: (337) 685-2311 ext.			
Study Area Code of Reporting Carrier	270428	Filing Due Date for this form (mm/dd/yyyy)	10/4/2012

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.


Carrier Cert

NECA 2012 ANNUAL ACCESS TARIFF DIRECT CASE, WC DOCKET NO. 12-233

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier, my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier Elizabeth Telephone Company, LLC			
Signature of Authorized Officer 		Date 9/25/2012	
Printed name of Authorized Officer George J. Mack			
Title or position of Authorized Officer President and General Manager			
Telephone number of Authorized Officer: (337) 583-2111, ext. <input type="text"/>			
Study Area Code of Reporting Carrier	270430	Filing Due Date for this form (mm/dd/yyyy)	10/4/2012

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: KAPLAN TEL CO</p>					
<p>Signature of Authorized Officer: Richard Constantin</p>				<p>Digitally signed by Richard Constantin DN:cn=Richard Constantin,email=richardc@kaplantel.net,O=kaplan tel co,l=Kaplan LA 70548-0369, Date:9/25/2012</p>	
<p>Date: 9/25/2012</p>					
<p>Printed name of Authorized Officer: Richard Constantin</p>					
<p>Title or position of Authorized Officer: Controller/Regulatory Manager</p>					
<p>Telephone number of Authorized Officer: 337-643-7171</p>					
Study Area Code of Reporting Carrier	270432		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: LAFOURCHE TEL CO</p>					
<p>Signature of Authorized Officer: Peter Louviere</p>				<p>Digitally signed by Peter Louviere DN:cn=Peter Louviere,email=peter.louviere@corp.viscom.net,O=lafourche tel co,l=Larose LA 70373, Date:9/25/2012</p> <p>Date: 9/25/2012</p>	
<p>Printed name of Authorized Officer: Peter Louviere</p>					
<p>Title or position of Authorized Officer: Chief Financial Officer</p>					
<p>Telephone number of Authorized Officer: 985-693-0265</p>					
Study Area Code of Reporting Carrier	270433		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: NORTHEAST LOUISIANA</p>					
<p>Signature of Authorized Officer: Mike George</p>				<p>Digitally signed by Mike George DN:cn=Mike George,email=mgeorge@ne-tel.com,O=northeast louisiana,l=Collinston LA 71229, Date:9/24/2012</p>	
<p>Date: 9/24/2012</p>					
<p>Printed name of Authorized Officer: Mike George</p>					
<p>Title or position of Authorized Officer: President / General Manager</p>					
<p>Telephone number of Authorized Officer: 318-874-7011</p>					
Study Area Code of Reporting Carrier	270435		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

REDACTED-FOR PUBLIC INSPECTION

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier		Reserve Telephone Company	
Signature of Authorized Officer		Date 9/27/2012	
Printed name of Authorized Officer		Scott A Small	
Title or position of Authorized Officer		Vice President - Chief Financial Officer	
Telephone number of Authorized Officer: (985.536.1326, ext. [REDACTED])			
Study Area Code of Reporting Carrier	270438	Filing Due Date for this form (mm/dd/yyyy)	10/4/2012

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

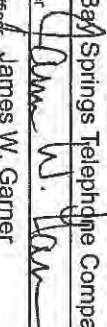
TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: STAR TEL CO</p>					
<p>Signature of Authorized Officer: Rebecca Knighten</p>				<p>Digitally signed by Rebecca Knighten DN: cn=Rebecca Knighten, email=rebeccaknighten@star.brcoxmail.com, O=star tel co, l= , Date: 9/26/2012</p>	
<p>Date: 9/26/2012</p>					
<p>Printed name of Authorized Officer: Rebecca Knighten</p>					
<p>Title or position of Authorized Officer: Controller</p>					
<p>Telephone number of Authorized Officer: 225-926-0191</p>					
Study Area Code of Reporting Carrier	270441		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier		Bay Springs Telephone Company, Inc.	
Signature of Authorized Officer			
Printed name of Authorized Officer		James W. Garner	
Title or position of Authorized Officer		Vice President of Operations	
Telephone number of Authorized Officer:		(601) 354-9070 ext.	
Study Area Code of Reporting Carrier	280446	Filing Due Date for this form (mm/dd/yyyy)	10/4/2012
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>			

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: BRUCE TEL CO - MS</p>					
<p>Signature of Authorized Officer: Charles Fail</p>				<p>Digitally signed by Charles Fail DN:cn=Charles Fail,email=charliefail@nexband.com,O=bruce tel co - ms,l=Bay Springs MS 39422, Date:9/26/2012</p>	
<p>Date: 9/26/2012</p>					
<p>Printed name of Authorized Officer: Charles Fail</p>					
<p>Title or position of Authorized Officer: President</p>					
<p>Telephone number of Authorized Officer: 601-764-3463</p>					
Study Area Code of Reporting Carrier	280447		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: DECATUR TEL CO -MS					
Signature of Authorized Officer: Esther Smith				<small>Digitally signed by Esther Smith DN:cn=Esther Smith,email=esther@decaturtelephone.com,O=decatur tel co -ms,l=Decatur MS 39327, Date:9/26/2012</small> Date: 9/26/2012	
Printed name of Authorized Officer: Esther Smith					
Title or position of Authorized Officer: President					
Telephone number of Authorized Officer: 601-635-2251					
Study Area Code of Reporting Carrier	280451		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier		Delta Telephone Company, Inc.	
Signature of Authorized Officer		<i>James H. Creekmore</i>	Date 09/24/12
Printed name of Authorized Officer		James H. Creekmore, Sr.	
Title or position of Authorized Officer		President	
Telephone number of Authorized Officer:		(601) 355-1522 ext	
Study Area Code of Reporting Carrier	280452	Filing Due Date for this form (mm/dd/yyyy)	10/4/2012

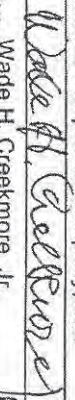
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Carrier Cert

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier, my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier				Franklin Telephone Company, Inc.	
Signature of Authorized Officer					
Printed Name of Authorized Officer				Wade H. Creekmore, Jr.	
Title or position of Authorized Officer				President	
Telephone number of Authorized Officer				(601) 355-1522 ext.	
Study Area Code of Reporting Carrier		280454	Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	Date
					09/24/12

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(d), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Carrier Cert.

TO BE COMPLETED BY THE REPORTING CARRIER.


Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: FULTON TEL CO</p>					
<p>Signature of Authorized Officer: Charles Fail</p>				<p>Digitally signed by Charles Fail DN:cn=Charles Fail,email=charlief@nexband.com,O=fulton tel co,l=Bay Springs MS 39422, Date:9/26/2012</p>	
<p>Date: 9/26/2012</p>					
<p>Printed name of Authorized Officer: Charles Fail</p>					
<p>Title or position of Authorized Officer: President</p>					
<p>Telephone number of Authorized Officer: 601-764-3463</p>					
Study Area Code of Reporting Carrier	280455		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

REDACTED-FOR PUBLIC INSPECTION

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier		Georgetown Telephone Co., Inc.		Date	09/27/2012
Signature of Authorized Officer					
Printed name of Authorized Officer		Joseph Miller, III			
Title or position of Authorized Officer		General Manager			
Telephone number of Authorized Officer		(601) 858-2211 ext.			
Study Area Code of Reporting Carrier	280456	Filing Due Date for this form (mm/dd/yyyy)	10/4/2012		

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.


TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: LAKESIDE TEL. CO.</p>					
<p>Signature of Authorized Officer: Robert Sledge Jr.</p>				<p>Digitally signed by Robert Sledge Jr. DN:cn=Robert Sledge Jr.,email=rsledge@deltaland.net,O=lakeside tel. co.,l=Sunflower MS 38778, Date:9/27/2012</p>	
<p>Date: 9/27/2012</p>					
<p>Printed name of Authorized Officer: Robert Sledge Jr.</p>					
<p>Title or position of Authorized Officer: President</p>					
<p>Telephone number of Authorized Officer: 662-569-3311</p>					
Study Area Code of Reporting Carrier	280457		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier				NOXAPATER TELEPHONE COMPANY, INC.	
Signature of Authorized Officer					
Printed name of Authorized Officer				JOHN PEARCE	
Title or position of Authorized Officer				PRESIDENT	
Telephone number of Authorized Officer:				601 } 764-3171 ext.	
Study Area Code of Reporting Carrier		280461	Filing Due Date for this form		10/4/2012
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: MOUND BAYOU TEL & CO</p>					
<p>Signature of Authorized Officer: Charles Fail</p>				<p>Digitally signed by Charles Fail DN:cn=Charles Fail,email=charlief@nexband.com,O=mound bayou tel & co,l=Bay Springs MS 39422, Date:9/26/2012</p>	
<p>Date: 9/26/2012</p>					
<p>Printed name of Authorized Officer: Charles Fail</p>					
<p>Title or position of Authorized Officer: President</p>					
<p>Telephone number of Authorized Officer: 601-764-3463</p>					
Study Area Code of Reporting Carrier	280462		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: SLEDGE TEL CO</p>					
<p>Signature of Authorized Officer: Robert Sledge Jr.</p>				<p>Digitally signed by Robert Sledge Jr. DN:cn=Robert Sledge Jr.,email=rsledge@deltaland.net,O=sledge tel co,l=Sunflower MS 38778, Date:9/27/2012</p> <p>Date: 9/27/2012</p>	
<p>Printed name of Authorized Officer: Robert Sledge Jr.</p>					
<p>Title or position of Authorized Officer: President</p>					
<p>Telephone number of Authorized Officer: 662-569-3311</p>					
Study Area Code of Reporting Carrier	280466		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.


Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: SMITHVILLE TEL CO</p>					
<p>Signature of Authorized Officer: Terry Collums</p>				<p>Digitally signed by Terry Collums DN:cn=Terry Collums,email=tnctest@traceroad.net,O=smithville tel co,l=Smithville MS 38870, Date:9/26/2012</p>	
<p>Date: 9/26/2012</p>					
<p>Printed name of Authorized Officer: Terry Collums</p>					
<p>Title or position of Authorized Officer: Vice President</p>					
<p>Telephone number of Authorized Officer: 662-651-4131</p>					
Study Area Code of Reporting Carrier	280467		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

REDACTED-FOR PUBLIC INSPECTION

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier, my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier				Ardmore Telephone Company, Inc.	
Signature of Authorized Officer					
Printed name of Authorized Officer				Trevor Bornstetter	
Title or position of Authorized Officer				President	
Telephone number of Authorized Officer:				(931) 668-4131 ext.	
Study Area Code of Reporting Carrier		290280		Filing Due Date for this form (mm/dd/yyyy)	
		10/4/2012		Date	
		9/26/2012			


Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(c), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

REDACTED-FOR PUBLIC INSPECTION

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.


Name of Reporting Carrier			Ben Lomand Rural Telephone Cooperative, Inc.		
Signature of Authorized Officer					
Printed name of Authorized Officer			Trevor Bonnstetter		
Title or position of Authorized Officer			Chief Executive Officer		
Telephone number of Authorized Officer			(931) 668-4131 ext.		
Study Area Code of Reporting Carrier			290553		
Filing Due Date for this form (mm/dd/yyyy)			10/4/2012		

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

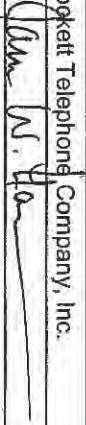
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier				Bledsoe Telephone Cooperative, Inc.	
Signature of Authorized Officer					
Printed name of Authorized Officer				John Lee Downey	
Title or position of Authorized Officer				President	
Telephone number of Authorized Officer:				(423) 447-2121, ext.	
Study Area Code of Reporting Carrier		290554		Filing Due Date for this form (mm/dd/yyyy)	
				10/4/2012	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported


I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier				Crockett Telephone Company, Inc.	
Signature of Authorized Officer					
Printed name of Authorized Officer				James W. Garner	
Title or position of Authorized Officer				Vice President of Operations	
Telephone number of Authorized Officer:				(601) 354-9070 ext.	
Study Area Code of Reporting Carrier		290561	Filing Due Date for this form		10/4/2012
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier				DeKalbe Telephone Cooperative	
Signature of Authorized Officer					
Printed name of Authorized Officer				Craig Gates	
Title or position of Authorized Officer				CEO	
Telephone number of Authorized Officer:				(415) 529-2151, ext.	
Study Area Code of Reporting Carrier	290562	Filing Due Date for this form (mm/dd/yyyy)	10/4/2012		

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier Highland Telephone Cooperative, Inc.			
Signature of Authorized Officer <i>G.M. Patterson</i>			Date 9/25/2012
Printed name of Authorized Officer G. Mark Patterson			
Title or position of Authorized Officer Chief Operating Officer - General Manager			
Telephone number of Authorized Officer (423) 628-2121 ext.			
Study Area Code of Reporting Carrier	290565	Filing Due Date for this form (mm/dd/yyyy)	10/4/2012

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

REDACTED-FOR PUBLIC INSPECTION

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier <i>Goette Telephone Company, Inc.</i>		Date <i>09/26/12</i>
Signature of Authorized Officer <i>Dorinda K. Hatchins</i>		
Printed name of Authorized Officer <i>Dorinda K. Hatchins</i>		
Title or position of Authorized Officer <i>Chief Financial Officer</i>		
Telephone number of Authorized Officer <i>851.853.4351</i> ext.		
Study Area Code of Reporting Carrier <i>290570</i>	Filing Due Date for this form (mm/dd/yyyy)	<i>10/4/2012</i>

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(d), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Carrier Cert

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

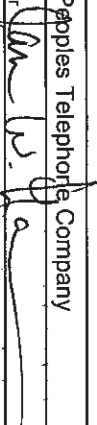
Name of Reporting Carrier North Central Telephone Cooperative, Inc.			
Signature of Authorized Officer <i>Nancy J. White</i>			Date 09/26/2012
Printed name of Authorized Officer Nancy J. White			
Title or position of Authorized Officer President and CEO			
Telephone number of Authorized Officer: (615) 666-2151, ext.			
Study Area Code of Reporting Carrier	290573	Filing Due Date for this form (mm/dd/yyyy)	10/4/2012

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier				Peoples Telephone Company	
Signature of Authorized Officer					Date
Printed name of Authorized Officer			James W. Garner		
Title or position of Authorized Officer			Vice President of Operations		
Telephone number of Authorized Officer:			(601) 354-9070 ext.		
Study Area Code of Reporting Carrier	290576		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: TWIN LAKES TEL COOP</p>					
<p>Signature of Authorized Officer: Jonathan West</p>				<p>Digitally signed by Jonathan West DN:cn=Jonathan West,email=jwest@twlakes.coop,O=twin lakes tel coop,l=Gainesboro TN 38562, Date:9/25/2012</p>	
<p>Date: 9/25/2012</p>					
<p>Printed name of Authorized Officer: Jonathan West</p>					
<p>Title or position of Authorized Officer: General Manager</p>					
<p>Telephone number of Authorized Officer: 931-268-2151</p>					
Study Area Code of Reporting Carrier	290579		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					


TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: UTC OF TN					
Signature of Authorized Officer: Cindy Rothstein				<small>Digitally signed by Cindy Rothstein DN:cn=Cindy Rothstein,email=crothstein@utcoffice.net,O=utc of tn,l=Chapel Hill TN 37034, Date:9/24/2012</small> Date: 9/24/2012	
Printed name of Authorized Officer: Cindy Rothstein					
Title or position of Authorized Officer: Vice President					
Telephone number of Authorized Officer: 931-364-4321					
Study Area Code of Reporting Carrier	290581		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier				West Tennessee Telephone Company, Inc.	
Signature of Authorized Officer					
Printed name of Authorized Officer				James W. Garner	
Title or position of Authorized Officer				Vice President of Operations	
Telephone number of Authorized Officer:				(601) 354-9070 ext.	
Study Area Code of Reporting Carrier	290583	Filing Due Date for this form (mm/dd/yyyy)	10/4/2012		

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

REDACTED-FOR PUBLIC INSPECTION

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported, and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier		West Kentucky Rural Telephone Cooperative Corporation, Inc. - TN	
Signature of Authorized Officer		Date 9/26/2012	
Printed name of Authorized Officer		Trevor Bonnstetter	
Title or position of Authorized Officer		Chief Executive Officer	
Telephone number of Authorized Officer:		(270) 674-1000 ext.	
Study Area Code of Reporting Carrier	290598	Filing Due Date for this form (mm/dd/yyyy)	10/4/2012

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

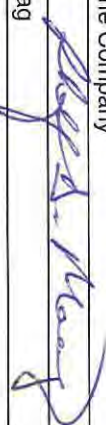
TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: THE ARTHUR MUTUAL</p>					
<p>Signature of Authorized Officer: Eric Roughton</p>				<p>Digitally signed by Eric Roughton DN:cn=Eric Roughton,email=artelco@bright.net,O=the arthur mutual, Date:9/27/2012</p>	
<p>Date: 9/27/2012</p>					
<p>Printed name of Authorized Officer: Eric Roughton</p>					
<p>Title or position of Authorized Officer: General Manager/Sec'y/Treasurer</p>					
<p>Telephone number of Authorized Officer: 419-393-2233</p>					
Study Area Code of Reporting Carrier	300586		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier <u>Ayersville Telephone Company</u>			
Signature of Authorized Officer			Date <u>9/26/12</u>
Printed name of Authorized Officer <u>Phillip D. Maag</u>			
Title or position of Authorized Officer <u>Secretary/Treasurer</u>			
Telephone number of Authorized Officer: <u>(419) 395-2222</u> ext. <u> </u>			
Study Area Code of Reporting Carrier	<u>0588</u>	Filing Due Date for this form (mm/dd/yyyy)	<u>10/4/2012</u>

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

300588

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: BASCOM MUTUAL TEL CO					
Signature of Authorized Officer: Kathy Reinhart				<small>Digitally signed by Kathy Reinhart DN:cn=Kathy Reinhart,email=kmr@bascomtelephone.com,O=bascom mutual tel co,l=Bascom OH 44809, Date:9/27/2012</small> Date: 9/27/2012	
Printed name of Authorized Officer: Kathy Reinhart					
Title or position of Authorized Officer: Asst. Treasurer					
Telephone number of Authorized Officer: 419-937-2222					
Study Area Code of Reporting Carrier	300589		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier	Benton Ridge Tel Co	
Signature of Authorized Officer	<i>Ken Williams</i>	Date 9/25/2012
Printed name of Authorized Officer	Ken Williams	
Title or position of Authorized Officer	President & CEO	
Telephone number of Authorized Officer:	(419) 859-2144	ex. (nnnnnnnn)
Study Area Code of Reporting Carrier	300590	Filing Due Date for this form 10/4/2012

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Carrier Cert

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier			Buckland Telephone Company		
Signature of Authorized Officer		<i>Douglas G. Place</i>		Date 9-26-2012	
Printed Name of Authorized Officer			Douglas G. Place		
Title or Position of Authorized Officer			General Manager		
Telephone number of Authorized Officer			(419) 657-2222 ext.		
Study Area Code of Reporting Carrier	300591	Filing Due Date for this form (mm/dd/yyyy)	10/4/2012		

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §5 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: THE CHAMPAIGN TEL CO</p>					
<p>Signature of Authorized Officer: Tiffany Kuivinen</p>				<p>Digitally signed by Tiffany Kuivinen DN:cn=Tiffany Kuivinen,email=tiffany@ctcommunications.com,O=the champaign tel co,lc= , Date:9/27/2012</p>	
<p>Date: 9/27/2012</p>					
<p>Printed name of Authorized Officer: Tiffany Kuivinen</p>					
<p>Title or position of Authorized Officer: Director of Finance</p>					
<p>Telephone number of Authorized Officer: 937-653-2263</p>					
Study Area Code of Reporting Carrier	300594		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier	McClure Telephone Company			Date	9/25/12
Signature of Authorized Officer	<i>[Signature]</i>				
Printed name of Authorized Officer	Lance Miller				
Title or position of Authorized Officer	President				
Telephone number of Authorized Officer:	419.778.8008, ext.				
Study Area Code of Reporting Carrier	300598	Filing Due Date for this form (mm/dd/yyyy)	10/4/2012		

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Carrier Cert.

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: CONNEAUT TEL CO</p>					
<p>Signature of Authorized Officer: Karen Picard</p>				<p>Digitally signed by Karen Picard DN:cn=Karen Picard,email=karenp@suite224.net,O=conneaut tel co,l=Conneaut OH 44030, Date:9/26/2012</p>	
<p>Date: 9/26/2012</p>					
<p>Printed name of Authorized Officer: Karen Picard</p>					
<p>Title or position of Authorized Officer: Chief Financial Officer</p>					
<p>Telephone number of Authorized Officer: 440-593-7127</p>					
Study Area Code of Reporting Carrier	300606		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

REDACTED-FOR PUBLIC INSPECTION

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier Doylstown Telephone Company			
Signature of Authorized Officer <i>Thomas J. Brockman</i>	Date 9/26/2012		
Printed name of Authorized Officer Thomas J. Brockman			
Title or Position of Authorized Officer President			
Telephone number of Authorized Officer: (330) 658-2121 , ext. _____			
Study Area Code of Reporting Carrier 300809	Filing Due Date for this form (mm/dd/yyyy) 10/4/2012		

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

CARRIER CERT

NECA 2012 ANNUAL ACCESS TARIFF DIRECT CASE, WC DOCKET NO. 12-233

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: FARMERS MUTUAL TEL</p>					
<p>Signature of Authorized Officer: Eric Damman</p>				<p>Digitally signed by Eric Damman DN:cn=Eric Damman,email=edamman@fmtc.cc,O=farmers mutual tel,l=Okolona OH 43550, Date:9/25/2012</p>	
<p>Date: 9/25/2012</p>					
<p>Printed name of Authorized Officer: Eric Damman</p>					
<p>Title or position of Authorized Officer: Secretary/General Manager</p>					
<p>Telephone number of Authorized Officer: 419-758-3322</p>					
Study Area Code of Reporting Carrier	300612		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier				Fort Jennings Telephone Company	
Signature of Authorized Officer				<i>mm a w</i>	
Printed name of Authorized Officer				Michael Metzger	
Title or position of Authorized Officer				Assistant VP	
Telephone number of Authorized Officer				(419) 286-2181 ext.	
Study Area Code of Reporting Carrier		300614	Filing Due Date for this form (mm/dd/yyyy)		10/4/2012

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: GLANDORF TEL CO					
Signature of Authorized Officer: Linda Heckman				<small>Digitally signed by Linda Heckman DN:cn=Linda Heckman,email=glantel@bright.net,O=glandorf tel co,l=Glandorf OH 45848-0031, Date:9/27/2012</small> Date: 9/27/2012	
Printed name of Authorized Officer: Linda Heckman					
Title or position of Authorized Officer: Manager/Asst.Treasurer					
Telephone number of Authorized Officer: 419-538-6987					
Study Area Code of Reporting Carrier	300619		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: KALIDA TEL CO</p>					
<p>Signature of Authorized Officer: Chris Phillips</p>				<p>Digitally signed by Chris Phillips DN:cn=Chris Phillips,email=chrisp@kalidatel.com,O=kalida tel co,l=Kalida OH 45853, Date:9/26/2012</p>	
<p>Date: 9/26/2012</p>					
<p>Printed name of Authorized Officer: Chris Phillips</p>					
<p>Title or position of Authorized Officer: Manager</p>					
<p>Telephone number of Authorized Officer: 419-532-3218</p>					
Study Area Code of Reporting Carrier	300625		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: MIDDLE POINT HOME					
Signature of Authorized Officer: Kent Hughes				<small>Digitally signed by Kent Hughes DN:cn=Kent Hughes,email=khughes@middlepointtel.com,O=middle point home,l=Middle Point OH 45863, Date:9/27/2012</small> Date: 9/27/2012	
Printed name of Authorized Officer: Kent Hughes					
Title or position of Authorized Officer: Plant Manager/Assistant Vice President					
Telephone number of Authorized Officer: 419-968-2000					
Study Area Code of Reporting Carrier	300633		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					


TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: MINFORD TEL CO</p>					
<p>Signature of Authorized Officer: Paula McGraw</p>				<p>Digitally signed by Paula McGraw DN:cn=Paula McGraw,email=pmcgraw@falcon1.net,O=minford tel co,l=Minford OH 45653, Date:9/25/2012</p> <p>Date: 9/25/2012</p>	
<p>Printed name of Authorized Officer: Paula McGraw</p>					
<p>Title or position of Authorized Officer: General Manager</p>					
<p>Telephone number of Authorized Officer: 740-820-2151</p>					
Study Area Code of Reporting Carrier	300634		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier				NEW KNOXVILLE TELEPHONE	
Signature of Authorized Officer					
Printed name of Authorized Officer				PRESTON MEYER	
Title or position of Authorized Officer				GENERAL MANAGER	
Telephone number of Authorized Officer				(419) 753-2457	
Study Area Code of Reporting Carrier				300639	
Filing Due Date for this form				10/4/2012	
Date				09/27/2012	

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier		Nova Telephone Company	
Signature of Authorized Officer		<i>[Signature]</i>	Date
Printed name of Authorized Officer		Charlie Matheny	9-25-12
Title of position of Authorized Officer		President/Owner	
Telephone number of Authorized Officer		903.663.0089	
Study Area Code of Reporting Carrier	300644	Filing Due Date for this form	10/4/2012

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 602, 604(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Carrier Cert.

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.


Name of Reporting Carrier The Ottoville Mutual Telephone Company			
Signature of Authorized Officer <i>Donald J Hoersten</i>			Date 9/24/2012
Printed name of Authorized Officer Donald J Hoersten			
Title or position of Authorized Officer General Manager			
Telephone number of Authorized Officer: (419) 453-3324 , ext.			
Study Area Code of Reporting Carrier	300650	Filing Due Date for this form (mm/dd/yyyy)	10/4/2012

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier				Pattersonville Telephone Co.	
Signature of Authorized Officer					Date
Printed name of Authorized Officer			Aaron Jones		
Title or position of Authorized Officer			CEO		
Telephone number of Authorized Officer			(330) 895-4391 ext.		
Study Area Code of Reporting Carrier		300651	Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Carrier Cert

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier, my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.


Name of Reporting Carrier <u>Ridgeville Telephone Company</u>			
Signature of Authorized Officer: <u><i>Larry M. Wendt</i></u>			Date <u>9/26/12</u>
Printed name of Authorized Officer <u>Larry M. Wendt</u>			
Title or position of Authorized Officer <u>President</u>			
Telephone number of Authorized Officer: <u>(419) 267-5185</u> ext. <u> </u>			
Study Area Code of Reporting Carrier	<u>300654</u>	Filing Due Date for this form (mm/dd/yyyy)	<u>10/4/2012</u>

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier				Sherwood Mutual Telephone Association Inc	
Signature of Authorized Officer					
Printed name of Authorized Officer				Lynn Bergman	
Title or position of Authorized Officer				General Manager	
Telephone number of Authorized Officer:				(419) 899-2121 ext.	
Study Area Code of Reporting Carrier	300656	Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	Date	9/27/2012

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICG Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier	Symanore Telephone Company			Date	9/25/12
Signature of Authorized Officer	<i>[Signature]</i>				
Printed name of Authorized Officer	Steven D. Ekleberry				
Title or position of Authorized Officer	General Manager/Treasurer				
Telephone number of Authorized Officer:	419.922.6242 ext.				
Study Area Code of Reporting Carrier	300655	Filing Due Date for this form (mm/dd/yyyy)	10/4/2012		

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: TELEPHONE SERVICE</p>					
<p>Signature of Authorized Officer: Bruce Hanson</p>				<p>Digitally signed by Bruce Hanson DN:cn=Bruce Hanson,email=bruce@hcinet.net,O=telephone service,l= , Date:9/25/2012</p>	
<p>Date: 9/25/2012</p>					
<p>Printed name of Authorized Officer: Bruce Hanson</p>					
<p>Title or position of Authorized Officer: Treasurer</p>					
<p>Telephone number of Authorized Officer: 320-847-2211</p>					
Study Area Code of Reporting Carrier	300659		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: VAUGHNSVILLE TEL CO					
Signature of Authorized Officer: Martha Kaplan				Digitally signed by Martha Kaplan DN:cn=Martha Kaplan,email=vvtelco@bright.net,O=vaughnsville tel co,l=Vaughnsville OH 45893-0127, Date:9/27/2012	
Date: 9/27/2012					
Printed name of Authorized Officer: Martha Kaplan					
Title or position of Authorized Officer: Manager/Secretary/Treasurer					
Telephone number of Authorized Officer: 419-646-3431					
Study Area Code of Reporting Carrier	300663		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier, my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier		Wabash Mutual Telephone	
Signature of Authorized Officer	Julie Marshall	Date	9-27-12
Printed name of Authorized Officer			
Julie Marshall			
Title or position of Authorized Officer			
Secretary			
Telephone number of Authorized Officer:		419-942-1111 ext. 9405	
Study Area Code of Reporting Carrier	306064	Filing Due Date for this form (mm/dd/yyyy)	10/4/2012

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Carrier Cert